Barchester Healthcare Homes Limited

# Lynde House

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

This was an unannounced inspection that took place on 27 and 31 January and 1st February 2017.

Lynde House is a care home registered to provide accommodation and nursing and personal care for up to 76 people who require personal care and may also have dementia. The service is located in the Twickenham area.

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 and associated Regulations about how the service is run.

In November 2014, our inspection found that the service required improvement regarding staffing levels under the safe question and we made a recommendation accordingly. At this inspection the home met the regulations.

People and their relatives said that this was a nice place to live and staff provided good support and care that was delivered in a respectful way. People were given the opportunity to choose what they wanted to do and joined in the activities provided if they wished.

The home had a welcoming atmosphere and during the inspection visitors told us that they were always made welcome. The home was well maintained, clean and provided a safe environment for people to live and work in.

There were thorough up to date records kept, including care plans that contained clearly recorded, fully completed, and regularly reviewed information. This enabled staff to perform their duties appropriately.

Staff knew people using the service well, including their likes, dislikes, routines and preferences and addressed them in the way they preferred. During our visit everyone received the same attentive service and were treated equally. Staff had appropriate skills, qualifications and were focussed on providing individualised care and support in a professional, friendly and compassionate way. Whilst professional they were also accessible and listened to people using the service and their relatives. Staff said they had access to good training, support and career advancement.

People were protected from nutrition and hydration associated risks with balanced diets that also met their likes, dislikes and preferences. They said the choice of meals and quality of the food provided was very good. People were encouraged to discuss health needs with staff and had access to community based health care professionals, if they required them.

People using the service said the manager and management team were very approachable, responsive to

requests made or concerns raised, frequently encouraged feedback and acted upon it. The manager and management team consistently monitored and assessed the quality of the service provided and encouraged all staff to put forward ideas that may improve the quality of life of people using the service. Staff were also enabled to utilise their talents in areas that would not normally come under the remit of their roles, such as the maintenance person running very popular current affairs discussion sessions with people using the service. The home also involved the local community by putting on open days, provided the opportunity for local school students to complete their Duke of Edinburgh Award by visiting the home and gave students from the local six form college an opportunity to do placements to increase their knowledge of adult social care.

## 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 told us that they felt safe and were well treated. There were safeguarding procedures that staff understood, used and assessment of risks to people were in place.

There was evidence the home had improved its practice by learning from incidents that had previously occurred and there were enough staff to meet people's needs.

People's medicine was safely administered; records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

### Is the service effective?

Good

The service was effective.

Staff were well trained.

People's needs were assessed and agreed with them.

Specialist input from community based health services was provided.

Care plans monitored food and fluid intake and balanced diets were provided.

The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Training was provided for staff and people underwent mental capacity assessments and 'Best interests' meetings were arranged if required.

### Is the service caring?

Good

The service was caring.

People said they felt valued, respected and were involved in planning and decision making about their care. People's preferences for the way in which they wished to be supported

were clearly recorded.

Staff provided good support, care and encouragement. They listened to, acknowledged and acted upon people's opinions, preferences and choices.

People's privacy and dignity was also respected and promoted by staff.

Care was centred on people's individual needs. Staff knew people's background, interests and personal preferences well and understood their cultural needs.

## Is the service responsive?

Good

The service was responsive.

People chose and joined in with a range of recreational activities. Their care plans identified the support people needed to be involved in their chosen activities and daily notes confirmed they had taken part.

People told us that any concerns raised were discussed and addressed as a matter of urgency.

## Is the service well-led?

Good

The service was well-led.

The service had a positive and enabling staff culture. The manager encouraged people to make decisions and staff to take lead responsibility for specific areas of the running of the service.

The local community was encouraged to play a role in the home.

Staff said they were well supported by the manager.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

# Lynde 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 checked 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 was an unannounced inspection and took place on 27 and 31 January and 1 February 2017.

The inspection was carried out by one inspector.

There were 60 people living at the home. We spoke with 12 people using the service, nine relatives and friends, 18 staff and the registered manager and management team.

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. We also considered notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support provided, was shown around the home and checked records, policies and procedures. These included the staff training, supervision and appraisal systems and home's maintenance and quality assurance systems.

We looked at the personal care and support plans for eight people using the service and nine staff files.

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.

Good

# Is the service safe?

## Our findings

People and their relatives said they were happy that the home was safe and they felt safe living there. One person said, "I'm the one that's in here and I feel safe." Another person told us, "Yep very comfortable."

Staff had received safeguarding training, were aware of when a safeguarding alert should be raised and how to do so. Safeguarding information was also provided in the staff handbook. There was no current safeguarding activity and previous safeguarding issues were suitably reported, investigated, recorded and learnt from. The home had policies and procedures regarding protecting people from harm and abuse and staff had received training regarding them. Staff understood what was meant by abuse and the action to take should they encounter it. They said protecting people from harm and abuse was one of the most important things they did and part of their induction and refresher training.

People's care plans contained assessments risks to them and this enabled them to enjoy their lives in a safe way. Identified risk areas included their health, daily living and social activities. The risks were reviewed regularly and updated if people's needs and interests changed. There were general risk assessments for the home and equipment used that were also reviewed and updated regularly. Emergency evacuation plans for each person using the service were being reviewed at the time of the inspection.

The home and its gardens were clean and well maintained. The home had a refurbishment project and one part of the home had recently been refurbished with the second area scheduled for redecoration. The work carried out took into account the safety and least possible disruption to people whilst the refurbishment was taking place. The home's equipment was regularly checked and serviced. Staff shared relevant information, including any risks to people during shift handovers, staff meetings and as they occurred. There were also accident and incident records kept and a whistle-blowing procedure that staff were aware of and knew how to use. Accidents and incidents were reviewed twice weekly at heads of department meetings.

There was a thorough staff recruitment procedure with all stages of the process recorded. This included advertising the post, providing a job description and person specification. Prospective staff were short-listed for interview. The interview contained scenario based questions to identify people's communication skills and knowledge of the service the home provided. References were taken up, work history checked for any gaps and Disclosure and Barring Services (DBS) security checks carried out prior to staff starting in post. There was a twelve week probationary period. The home had disciplinary policies and procedures that staff confirmed they understood.

At the previous inspection we recommended that the home reviewed its staffing numbers and the method used to calculate the number of staff required. They had done this and during our visit we saw that there was enough staff to meet people's needs and support them to follow the pursuits they wished to. This was reflected in the way people did the activities they wished safely. The care workers were attentive, reassuring and took their time to make sure that the people received the support and care they needed. The staff rota showed that support was flexible to meet people's needs at all times and there were suitable arrangements for cover in the absence of staff due to annual leave or sickness.

Medicine was safely administered to people using the service. The staff who administered medicine were appropriately trained and this was refreshed annually. They also had access to updated guidance. The medicine records for all people using the service were checked and found to be fully completed and up to date. This included the controlled drugs register that had each entry counter signed by two staff members who were authorised and qualified to do so. A controlled drug register records the dispensing of specified controlled drugs. Medicine kept by the home was regularly monitored at each shift handover and audited. The drugs were safely stored in a locked facility and appropriately disposed of if no longer required. There were medicine profiles for each person in place.

Good

# Is the service effective?

## Our findings

During our visit people made decisions about their care and what they wished to do. Staff were aware of people's needs and met them. They provided a comfortable, relaxed atmosphere that people said they enjoyed. People and their relatives told us they were fully involved in making decisions about their care and the support they received. They said the type of care and support provided by staff was what they needed. It was delivered in a friendly, enabling and appropriate way that people liked. One person said, "There is plenty to do and this really is to my liking." Another person told us, "There is plenty of stimulation." A relative said, "This is arranged for comfort."

Staff received induction and annual mandatory training that was organised and in some instances delivered by the organisation's regional trainer. The induction was comprehensive, included core training aspects and information about staff roles, responsibilities, the home's expectations of staff and the support they could expect to receive from the home. All aspects of the service and people who use it were covered and new staff spent time shadowing more experienced staff. This increased their knowledge of the home, people who lived there and provide a good standard of quality care. The annual training and development plan identified when mandatory training was due.

Training encompassed the 'Care Certificate Common Standards' and included infection control, manual handling, medicine, food safety, equality and diversity and health and safety. There was also access to more specialist training to meet people's individual needs and the training and developmental needs of staff. This included a care practitioner programme where care workers could develop their skills in areas such as medicine administration, care planning and simple wound management under the supervision of a qualified nurse. There was also 'Paint your Day' sessions that enabled staff to focus on the emotional aspects of care and what it felt like to live at Lynde House, by observing care. Ten nurses have completed effective leadership courses as well as other courses such as phlebotomy and venous blood sampling and male catheterization. Staff meetings included opportunities to identify further training needs. Bi-monthly supervision sessions and annual appraisals were partly used to identify any gaps in training.

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 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).

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. Mental capacity was part of the assessment process to help identify if needs could be met. The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority. Applications had been submitted by the provider, all applications under the DoLS had been authorised, and the provider was complying with the

conditions applied to the authorisation. Best interests meetings were arranged as required. Best interests meetings took place to determine the best course of action for people who did not have capacity to make decisions for themselves. The capacity assessments were carried out by staff whom had received appropriate training and were recorded in the care plans. Staff received mandatory training in The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguardings (DoLS). Staff we spoke with understood their responsibilities regarding the Mental Capacity Act 2005 and Deprivation of liberty safeguarding. Staff continually checked that people were happy with what they were doing and activities they had chosen throughout our visit.

The care plans we looked at included sections for health, nutrition and diet. Full nutritional assessments were done and updated regularly. Where appropriate weight and fluid intake charts were kept and staff monitored how much people had to eat and drink. There was also information regarding any support required at meal times to eat and enjoy their meals. We saw staff encouraging people to eat meals in a patient and supportive way and making the effort to ensure people, who required encouragement to eat where re-assured and understood what meals they were eating. Bi-monthly meetings took place between people who use the service and catering staff to discuss the quality of the meals, how they were served and choices.

The home had introduced monthly nutrition meetings that were attended by nurses and care workers who had agreed to be nutrition champions with the head chef, head of hotel services and hospitality supervisor. The meetings and actions were circulated to all Heads of Department and to departmental staff. Each person with particular identified needs was discussed.

Each person had a GP and staff said that any concerns regarding nutrition or hydration were raised and discussed with the person's GP as appropriate. Appropriate staff received training in dysphagia and choking, food safety and food allergens. Nutritional advice and guidance was provided by staff and there were regular visits by health care professionals in the community. People also had regular health checks. The records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with. People told us they thought the food was very good and well presented with plenty of variety and choice. One person said, "The food is first class."

People's consent to treatment was regularly monitored by the home and recorded in their care plans.

Good

# Is the service caring?

## Our findings

Staff were familiar with people and their routines and aware of their needs, preferences and how to meet them. They provided a comfortable, relaxed and enabling atmosphere that people enjoyed. One person told us, "Staff are excellent, as good as it gets." Another person said, "Attentive and respectful." A further person told us, "Staff are so helpful." A relative said, "Nice staff who work really hard." Another relative said, "You can count on these people."

Everyone we spoke with expressed their satisfaction with the home, the staff and their care. People and their relatives said that the staff treated everyone with dignity, respect and enabled them to maintain their independence. The staff met their needs; people enjoyed living at the home and were supported to do the things they wanted to. Staff were friendly, caring, helpful, listened and acted upon people's views and people's opinions were valued. This was demonstrated by the high number of positive and supportive care practices we saw during our visit. The staff knew the people they were caring for, addressed them by their preferred name or title and interacted with them in a friendly and appropriate way. Staff were able to tell us general things about people, and if they had dementia, the type and stage of dementia, how they engaged with people and their likes and dislikes. Staff were skilled, patient and looked for ways to improve people's quality of life. They also made the effort and encouraged people to enjoy their lives.

Staff had received training about respecting people's rights, dignity and treating them with respect that underpinned their care practices and reflected by them. The patient approach by staff to providing people with care and support during the inspection meant that people were consulted about what they wanted to do, when and how. Everyone was encouraged to join in activities if they wished but not pressurised to do so. Staff also made sure people were included if they wished to be and no one was left out. This included staff one to one time with people who were bed bound or preferred to spend their time in their rooms.

Staff continually made sure people were involved, listened to and encouraged to do things for themselves, where possible. They facilitated good, positive interaction between people using the service and promoted their respect for each other. People were free to move around the home and go out as they pleased.

Staff spoke in a way and at a speed that people could comfortably understand and follow. They were aware of people's individual preferences for using single words, short sentences and gestures to get their meaning across. One person was deaf and staff made the effort to make sure they understood what was being said. Staff spent time engaging with people, talking in a supportive and reassuring way and projecting positive body language that people returned. One person said, "Staff are so helpful and can take a joke which is very important."

The home also had a confidentiality policy and procedure that staff were aware of, understood and followed. Confidentiality was included in induction, on going training and contained in the staff handbook.

There was a visitor's policy which stated that visitors were welcome at any time with the agreement of the person using the service. People said they had visitors whenever they wished, and they were always made

welcome and treated with courtesy. This was also the case when we visited.

People using the service had access to advocates to represent them if required.

Good

# Is the service responsive?

## Our findings

People using the service and their relatives said that they were frequently asked for their views and opinions by the home's manager and staff. They were given time to decide the support they wanted, when and where practicable and by whom. It was delivered in a way people liked that was friendly, enabling and appropriate. If there were any problems, they were quickly resolved. People were supported and enabled to enjoy the activities they had chosen. One person said, "The activities are very good and I've never known a place with so many." Another person told us, "Efficient without being in an institution." A recent 'Enter and view' report by Richmond Healthwatch included a quote from a person using the service stating that, "I am treated as an individual."

The manager said most people using the service were privately funded self-referrals, but if a service was commissioned by a local authority or the NHS, that assessment information would be requested from these bodies or from a care home if they were being transferred. The home carried out its own assessments. If it was identified that needs could be met people and their relatives were invited to visit. They could visit as many times as they wished so they could decide if they wanted to move in. The visits also gave the home further opportunity to better identify if their needs could be met. Staff told us the importance of considering people's views so that the care could be focussed on the individual. People were provided with written information about the home and organisation that outlined what they could expect from the home and what the home's expectations of them and their conduct was.

People's care plans were based on the initial assessment, other information from previous placements and information gathered as staff and the person became more familiar with each other. The home provided care focussed on the individual and we saw staff put into practice training to promote a person centred approach. People were enabled and encouraged to discuss their choices, and contribute to their support and care plans if they wished. The care plans were developed with them and had been signed by people where practicable. The care plans had goals that were identified and agreed with people. The goals were underpinned by risks assessments and reviewed monthly by care workers and people using the service. If goals were met they were replaced with new ones. The care plans recorded people's interests and the support required to pursue them. Daily notes identified if chosen activities had taken place. The care plans were live documents that were added to when new information became available. The information gave the home, staff and people using the service the opportunity to identify further things they may wish to do. There was also individual communication plans and guidance.

Where required the home conducts care plan reviews or concern meetings with relatives who are abroad. This was done using SKYPE or conference call and has also had people using the service present. This was extended to one person with a daughter in the USA and a son in Australia both reviewing the person's care plan, with us, on their behalf.

The home operated a 'Resident of the Day' system that allowed people to be a focus of activity from all aspects of their care and the environment they live in. This included maintenance of their room, visit by the Head Chef to discuss dietary needs, housekeeping deep clean and replacement of items as required, care

plan update and social involvement review. This system was in place throughout the home, complemented the key worker system and extended the sharing of people's issues and concerns with the teams.

People's activities were a combination of individual, group, home based and within the community including trips and visits. These included quizzes, exercise, audio books, arts and crafts, flower arranging, talks by the Richmond Society and cinema. When we visited people were involved in lively debates about current affairs at the 'Teapot' club discussion group that was facilitated by the maintenance man. As well as a forum for people using the service to express their views about general issues in the world, it also identified some specific requests to the management team in the home, for example the 'Ideal Activities' week. Other suggestions implemented included; more exercise classes and weekend activities hence a Saturday Tai Chi Class.The style of delivery of the 'Teapot' club meant that everyone got to have their say and enjoyed participating. The home provided information about the full range of activities for the coming month. A visit to the home had been arranged for a talk on birds. This was cancelled at short notice and the home managed to arrange alternative entertainment provided by a visiting singer. The home has its own transport and a number of trips were made to a 'Lantern' festival, Kew Gardens, Virginia Water and to see the Christmas lights in the West End. Local surveys of activities and the professional services offered in the home were undertaken annually and fed back to people using the service and appropriate professionals. This was evidenced of this on the "You Said We Did Board" during the inspection.

People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people using the service to make complaints or raise concerns. Any concerns or discomfort displayed by people using the service were attended to sensitively during our visit.

Good

# Is the service well-led?

## Our findings

People and their relatives told us the manager was very approachable and made them feel comfortable. One person said, "The manager is excellent, she is kind, doesn't look down on people and listens." Another person said, "I only have to have a word and it is done, they get it right." During our visit there was an open, listening culture with staff and the manager paying attention to and acting upon people's views and needs. It was clear by people's conversation and body language that they were quite comfortable talking to the manager; equally as they were with members of staff.

The organisation's vision and values were clearly set out. Staff we spoke with understood them and said they were explained during induction training and regularly revisited. The management and staff practices reflected the vision and values as they went about their duties. People were treated equally, with compassion, listened to and staff did not talk to them in a demeaning way.

The manager and management team made a conscious effort to involve the community with Lynde House. They facilitated a pilot project with Richmond College and the Richmond Clinical Commissioning Group (CCG) to enable young people from the college to visit people living at Lynde House, to broaden their knowledge and experience of adult social care as part of their BTec in health and social care level 3 and consider a career in that area. Visits also took place by students from local schools as part of their Duke of Edinburgh awards. Community involvement also extended to hosting public meetings for the Metropolitan police. The meetings were hosted quarterly and attended by local authority councillors, senior officers from the police and members of the public. People using the service were invited to attend and did so. The home felt this had strengthened its relationship with the local force and made it more aware of people using the service and helped to maintain the safety of people from a safeguarding perspective and also in relation to the new crimes emerging related to vulnerable people. These included spamming both on phone calls and through use of computers.

Lynde House worked extensively with local volunteers and particularly worked with 'Embracing Age', a local charity that placed volunteers in schools, care homes, hospitals and other community settings. During the inspection the home was planning the hosting of the 'Embracing Age' anniversary celebration with one person who uses the service taking centre stage in the work they had done with a local artist (sourced through the organisation) that had enabled them to express their feelings about moving into care. Further information provided by the home informed us that this event took place on the 15 February 2017. It was attended by the Mayor of Richmond, counsellors and representatives from all care education sectors. There were 12 volunteers of varying ages and experience who assisted with the social programme with people who use the service, as well as conducting room visits, improving the environment and outings.

The home introduced a 'Remind me' care software package for people using the service that developed media contact similar to Facebook with people determining who is in their circle of friends. The impact of this for people was that they could maintain contact and friendships outside the home and broaden their circle of friends.

Staff told us the manager was very supportive. Their suggestions to improve the service were listened to and given serious consideration. There was a whistle-blowing procedure that staff had access to and said they would feel comfortable using. They said they enjoyed working at the home. A staff member said, "Very supportive management." Another member of staff told us, "I really enjoy working here." A further staff member told us, "A great team we all pull together." The records we saw demonstrated that regular quarterly staff supervision, regular staff meetings and annual appraisals took place. The home recognised staff efforts in providing excellent care through a number of initiatives. These included a 'Staff pamper' day, two of which were held in 2016 and a third scheduled for May 2017. Staff were encouraged to take part in a number of free activities ranging from massage, chiropody, Pilates, hairdressing and an exercise class. The events were concluded with a whole home BBQ for people using the service, staff and their families. Monthly massage sessions were also available to staff from the physiotherapist free of charge and advertised during the inspection.

Staff were also recognised for their hard work and commitment to people using the service with an annual local awards ceremony whereby residents and their families were encouraged to nominate staff for a range of awards. There were also well established staff recognition schemes such as employee of the month and the allocation of "points" as part of the provider awards package for recognising staff who 'go that extra mile'.

There was a clear policy and procedure to inform health services within the community or elsewhere of relevant information regarding changes in need and support as required and to work with them. The home was working with the GP practice attached to it on reducing people's attendance at A&E and subsequent admissions to hospital. The key aspect was the availability of "stand by antibiotics" in the home that were approved by the GP and administered by nursing staff immediately, if required, according to an agreed protocol. A GP from the practice led on 'Frail Elderly Care' for the CCG and the model of working was being widely adopted elsewhere. The impact for people living at Lynde House was that unnecessary trips to A&E and stays in hospital were reduced by 44%, and out of hours calls to almost zero. Lynde House was also the lead home on the Richmond CCG older peoples work stream in relation to implementing the 'Red bag' scheme across all GP surgeries in Richmond and local hospitals. Lynde House hosted the inaugural meeting of all providers involved in this project. The home have also used new technology in the diagnosing of skin infection with the GP using 'Facetime' to do so.

The home had created a new care practitioner role and programme that was designed as a key platform in developing the workforce, recognising the skills of staff, enhancing these skills and rewarding those staff who take up the programme. This would benefit people using the service as it would increase staff retention.

The home received a visit from a dementia specialist, who was associated with the organisation's 'Memory Lane' community network. They assessed the appropriateness of activities and made suggestions to improve and add to them. The impact of this was that the dementia care provided was more focussed for people and quality improved.

There was a robust quality assurance system that identified how the home was performing, any areas that required improvement and also those where the home was performing well. This enabled any required improvements to be made.

Quality audits took place that included medicines, health and safety, daily checklists of the building, cleaning rotas, infection control checklists and people's care plans. Policies and procedures were audited annually. Unannounced internal audits took place by the organisation's regulation manager that was based on the five CQC domains with actions required and timescales. The impact of this for people using the

service was that the quality of the service was regularly monitored, shortfalls identified and plans put in place to rectify them. There were also internal audits for areas such as medicine, the kitchen and housekeeping.

Regular unit meetings took place for all staff where they could identify any areas of concern that require improvement and what was working well. Staff were also encouraged to develop areas of interest, use talents they may possess over and above the remit of their jobs and take responsibility for leading on these areas of interest. An example of this was the 'Teapot' club where the maintenance man encouraged and chaired current affairs debates. The impact of this was stimulation for people using the service and encouragement to keep up with what was going on in the world.

At the previous inspection, we highlighted that staff responsibilities were blurred in some areas and care workers were given tasks such as laundry. The manager and management team listened and there were clearly defined areas of responsibility for specific tasks that staff were aware of. This had an impact that care workers were freed to spend more time with people using the service.

The home had produced a 'Welcome' information brochure with input from people using the service, relatives and staff. Their contributions were acknowledged and they were thanked with flowers.

Our records showed that appropriate notifications were made to the Care Quality Commission in a timely way.