

Mrs Maureen Thompson

Engleburn Care Home

Inspection report

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18 April 2017

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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

Engleburn Care Home offers accommodation and personal care for up to 76 older people, including those who are living with dementia.

The inspection was unannounced and was carried out on 11 and 13 April 2017. The lead inspector returned on 18 April 2017 to check an issue identified the previous week had been addressed and to provide written feedback about the inspection.

At our previous inspection in April and May 2016 we identified that some improvements were required to identifying and managing risk to people, monitoring the quality of the service, record keeping, dignity and respect, safeguarding and submitting notifications. Following the inspection, the provider sent us an action plan telling us the steps they were taking to make the improvements required.

At this inspection we found significant improvements had been made and the provider was meeting the regulations.

There was a registered manager in place at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

Individual and environmental risks relating to people's health and welfare had been identified and assessed to reduce those risks. Care planning had been improved to provide more detailed guidance for staff.

Systems were in place for the storage and administration of medicines, including controlled drugs. Staff were trained and their competency assessed to ensure they remained safe to administer medicines.

People and relatives told us they felt the home was safe. Staff had received safeguarding training, understood the different types of abuse and explained the action they would take if they identified any concerns. There were sufficient staff deployed to meet people's care, emotional and social support needs.

The registered manager had identified and implemented a number of audits and monitoring systems. Incidents and accidents were recorded and actions taken to reduce the risks of similar incidents happening again. The environment and equipment was regularly checked and servicing contracts were in place.

People's rights were protected because staff understood the principles of the Mental Capacity Act 2005 and ensured decisions were made in their best interests. The registered manager understood the Deprivation of Liberty Safeguards and had submitted requests for authorisation when required.

People were supported by staff who had received an induction into the home and appropriate training,

professional development and supervision to enable them to meet people's individual needs.

People were supported to maintain their health and well-being and had access to healthcare services when they needed them. People were supported to have enough to eat and drink and their specific dietary needs were met.

Staff were kind and caring and treated people with dignity and respect and ensured their privacy was maintained. People had access to a choice of planned activities throughout each week.

Initial assessments were carried out before people moved into the home to ensure their needs could be met. People, their relatives or other representatives were involved in decisions about their care planning.

People and relatives confirmed they knew how to make a complaint and would do so if they needed to. People and relatives were encouraged to give their views about the service.

Staff felt supported by the registered manager and were confident to raise any issues or concerns with them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were sufficient staff to meet people's needs. Recruitment practices ensured that only staff who were suitable to work in social care were employed.

Individual risks to people had been assessed and action taken to minimise the likelihood of harm.

Medicines were managed and stored safely and people received their medicines as prescribed.

Staff followed safeguarding procedures to protect people from abuse or improper treatment.

Is the service effective?

Good ●

The service was effective.

Staff received induction, training and supervision. Staff told us they felt well supported in their roles and could seek advice and guidance when needed.

People had access to health professionals and other specialists when needed and referrals were made in a timely way. People were supported to have enough to eat and drink in a way that met their specific dietary needs.

People's rights were protected because staff had a good understanding of the MCA 2005, best interest decisions and DoLS and sought consent before providing care.

Is the service caring?

Good ●

The service was caring.

Staff respected people's privacy, dignity and wishes. They provided gentle reassurance to people if they became anxious or upset.

People were encouraged to maintain relationships with their family members and friends who were welcome to visit at any

time.

Staff supported people and their families to be involved in making decisions about their care and support and promoted people's independence.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and focused on people's individual needs, choices and preferences. People and their families were involved in planning their care.

There were opportunities for people to participate in a range of activities, if they wished to do so.

People and families knew how to make a complaint if they needed to and felt confident any concerns would be responded to.

Is the service well-led?

Good ●

The service was well-led.

Staff felt supported by the management team to carry out their roles.

People, their families and staff had opportunities to feedback their views about the home and quality of the service being provided.

Systems were in place to monitor and assess the quality and safety of the home and these were under constant review.

Engleburn Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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. We also inspected in response to some information of concern we had received and to check the provider had made improvements in the areas we identified during our comprehensive inspection in April & May 2016.

This inspection was unannounced and was carried out on 11 and 13 April 2017 by a lead inspector, a second inspector and an expert by experience. An expert by experience is a person who has experience of using, or caring for someone who uses this type of service (older people's residential care). The lead inspector returned on 18 April to check that an issue identified the previous week had been addressed and to provide the registered manager with their written feedback from the inspection.

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 reviewed the information included in the PIR along with information we held about the service such as previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law. We also spoke with a social care professional and two health professionals before the inspection to find out their views about the service.

During the inspection we spoke with seven people living at the home and a relative who was visiting. We observed people being supported and cared for during each day of our inspection to help us understand people's experiences. We spoke with six members of the care staff, three heads of care, two activities staff, and a nutritionist who was employed to provide assistance with people's dietary needs. We spoke with the registered manager and both deputy managers as well as an external training assessor who was visiting.

We looked at eight people's care records, and pathway tracked three people's care to check they had received all the care and support they required. We reviewed the recruitment, supervision and training records for seven staff. We also looked at other records related to the running of the home, including

medicines records, incident and accident records and audits monitoring the quality of the service provided.

The home received its last comprehensive inspection in April and May 2016 when we found six breaches of regulation.

Is the service safe?

Our findings

People told us they felt safe living at Engleburn Care Home. One person pointed to their call bell and said "I rang it last night.in a flash they [staff] came up, loads of them." A relative told us the staff kept people safe and said "They won't let visitors have the door codes, we have to ring the bell and sign in." They went on to tell us "I've never seen any of the staff get cross. They're so sweet."

At our inspection in April and May 2016 we found the registered provider had not always identified and assessed risks to people and taken actions to mitigate these risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the registered provider had taken steps to address these concerns and was compliant with this Regulation.

The risks associated with people's care needs had been assessed and informed plans of care to ensure the safety and welfare of people. For example, where people required equipment to support them to transfer or mobilise, care plans and risk assessments were in place and clearly identified how staff should support people to mitigate the risks associated with their reduced mobility. People had been assessed for the risks associated with malnutrition, dehydration, falls and breakdown in their skin integrity. For people who lived with specific physical and mental health conditions such as diabetes, a heart condition or dementia, information about these conditions and the risks associated with them was well documented and care plans in place reflected the support people needed to meet these needs.

Where people displayed behaviours that might present a risk to the person or others, the behaviours and triggers to these had been identified and staff we spoke with were aware of these. For example, one person could become agitated and frustrated when staff supported them with personal care, care plans reflected this risk and identified ways in which staff could address this.

At our inspection in April and May 2016 we found the registered provider had not always identified and reported allegations of potential abuse or other concerns, such as unexplained bruising. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the registered provider had taken steps to address these concerns and was compliant with this Regulation.

People were protected from abuse and improper treatment. Staff had received training in safeguarding adults and knew what signs of abuse to look for. Procedures for reporting and recording unexplained bruises had improved since our last inspection and included robust recording of any bruises or injuries on a body map. Staff understood their responsibilities for reporting any concerns to the registered manager and to external agencies such as the local authority safeguarding team and the Care Quality Commission (CQC). Staff were aware of the home's whistleblowing policy and would use it if required. Whistleblowing is when staff report any concerns they have about staff practice within the home. Safeguarding information was accessible to staff, including contact details of external agencies.

People received their medicines in a safe and effective way. Medicine administration care plans provided

clear information for staff on how people liked to take their medicines and important information about the risks or side effects associated with these. For example, the need for them to be taken at set times or what to do if a person refused their medicines. For medicines which were prescribed as required we saw these medicines were not used often and staff recorded these medicines in line with their protocols.

For people who required medicines for pain relief but were not always able to tell staff of their symptoms, the home used a pain assessment tool to support people in expressing their pain or allow staff to monitor and review any non-verbal signs and symptoms of pain. When people felt they were closely monitored by staff for any signs and symptoms of pain using the pain assessment tool. For one person who had chronic pain, staff told us how they were working with health care professionals to monitor and assess this pain and ensure the person received the right support to ensure this need was addressed.

Medicines related incidents were safely managed. Staff reported all missed signatures on medicine administration records as a medicines error which was addressed and documented by each head of care and then reviewed by the registered manager to ensure any learning from these. A system of audit was in place to monitor the safe and effective administration, storage and disposal of medicines. A monthly audit of medicines was completed by each head of care and then a spot-check audit of medicines was completed in the home monthly by the registered manager.

Only staff who were suitable to work with people in a social care setting were employed. Recruitment records for each staff member included proof of identity, an application form and employment history. Two references were sought before staff commenced work at the home. Disclosure and Barring Service (DBS) checks were in place for staff. These checks help employers make safer recruitment decisions.

People were supported by sufficient numbers of staff to meet their needs. Staffing levels were regularly reviewed and assessed in line with people's changing needs and any new admissions. There had been fifteen new staff appointments since our last inspection and recruitment was on-going. Vacancies were covered with regular agency staff to provide continuity of care. Staff told us there were usually enough staff on duty. One staff member said "It's a strong team now." A senior staff member told us "My team is the best it's been for ages. They're all full time. There's continuity now." We observed there were usually staff in the communal areas throughout the home, however, in the lounge in Foxholes unit there were short periods of time when staff were busy elsewhere. We discussed this with the registered manager who told us they would review the deployment of staff in this area.

The registered manager told us there were fifteen care staff on each morning shift and twelve care staff on each afternoon shift deployed across the three units within the home, and this was confirmed during our observations and when we looked at the rotas. Care staff were supported by three heads of care, the registered manager and two deputy managers. There were also six awake staff at night, three activities staff, domestic staff, a chef, three kitchen assistants, a nutritionist, a training manager, administration staff and a maintenance person.

Regular health and safety checks were completed to ensure everything was in safe working order, and results recorded. For example, equipment, such as hoists, the stair lift and gas appliances were regularly serviced. Staff reported any environmental or equipment repairs to the maintenance staff who addressed these promptly. Staff had completed fire safety training and regular fire drills were undertaken for people and staff. The home environment was clean and tidy, and we observed that staff were aware of infection control procedures. Protective clothing was available and in use by staff. Training records showed that staff had completed training in infection prevention and control. Whilst there were some odours detected, the registered manager confirmed cleaning was completed daily, including the use of odour eaters and dry

carpet cleaning. They told us "Air fresheners just mask the odours and we try not to mask them, we need to get to the problem."

The home had an emergency plan which contained useful phone numbers and contingency plans in the event the home could not fully function due to, for example, a fire. Personal evacuation plans had been completed for each person, detailing the specific support they required to evacuate the building. This was located at the reception desk and easily available for staff and emergency services if needed.

Is the service effective?

Our findings

Staff at Engleburn Care Home supported people to maintain their health and wellbeing. One person told us "The doctor comes when I am poorly and a very nice dentist comes." Another person said "They look after you so well." A relative confirmed that a staff member had accompanied them and their family member to a health appointment in the community to provide help and support.

At our inspection in April and May 2016 we found the registered provider had not always identified and requested appropriate health care or treatment in a timely way. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the registered provider had taken steps to address these concerns and was compliant with this Regulation.

Records confirmed that staff were proactive in requesting visits or reviews from health professionals, such as GP's or district nurses, when they had any concerns about people's health. For example, staff requested several visits from a GP for one person who was in pain with a serious health condition, because they were concerned their condition was worsening. The registered manager explained that the GP was in the process of referring the person to a specialist consultant and they were following this up daily. People also had access to a range of routine health care services such as chiropody and opticians and staff also requested emergency appointments when concerns were identified.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked the mental capacity to make decisions the home was guided by the principles of the MCA 2005. Mental capacity assessments had been completed appropriately and best interest decisions made with the involvement of relevant others, such as people's legally appointed representatives, and next of kin as well as appropriate health and social care professionals. The registered manager had not always sought evidence to confirm that people had a legally appointed representative however, they are taking action to address this. Throughout the inspection we observed staff gained people's consent before providing any care or support and where people refused consent, their wishes were respected.

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 application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). In some circumstances, aspects of the care and support being delivered, whilst in the person's best interests, amounted to a deprivation of the person's liberty. Where this was the case, an application for a DoLS had either been authorised by the local authority or was awaiting assessment.

People were supported to eat and drink sufficient amounts for their needs. A new breakfast service had been introduced and was served between 8am and 10 am in a buffet style, where people could choose from a

range of breakfast items, including cereals, omelettes or a full cooked breakfast of their choice. A choice of meals was offered by staff in Foxholes and people had second helpings if they wished. Fluids were freely available in the dining area through a drinks dispenser and in the lounge area drinks were brought to people individually. In the main dining room all the tables were set with cutlery, glasses and jugs of squash. This gave people the choice to sit at any table. There was a relaxed atmosphere during the lunch meal. A relative joined their family member for lunch and people chatted with each other. People told us "We're all well looked after and fed well," and "They're always changing the menu, it's not the same old thing all the time," and "They come every day and we choose from two items. The puddings are beautiful, never boring and then we have a lovely cup of tea." Other comments included "You can sit in the dining room as long as you like," and "The dinners are all lovely and hot." We observed the main meal was served on plates, and side dishes, such as rice and vegetables were brought to each table in tureens to keep them hot. People were supported to eat either by use of verbal prompts or physical assistance where required. For example, "Shall I cut that up for you?" and "Would you like me help you."

Care plans reflected people's food preferences, likes and dislikes and also any dietary needs such as low sugar or pureed diet and staff were knowledgeable about these. The nutritionist told us they were informed about anyone who was at risk of malnutrition and provided guidance about how staff might provide foods in other ways, such as smoothies and finger foods to encourage people to eat. Supplements were also given where appropriate. Food and fluid charts were not always completed contemporaneously but transferred onto charts later in the day. This was being reviewed and there were potential plans to introduce the use of computerised records to ensure more timely recordings of fluid intake. Charts were totalled and reviewed by the head of care each day to ensure people were receiving adequate fluids and nutrition.

Staff had received regular training to support them in their role such as moving and handling, infection control and first aid. Additional training was provided around people's specific support needs, such as dementia awareness. The registered manager told us they had booked advanced training in dementia, as they had identified staff working with people with more complex dementia required additional skills and knowledge. New staff completed an induction that included working alongside experienced staff as well as completing the national Care Certificate, where required. The Care Certificate is a nationally recognised set of induction standards for health and social care staff. Staff were encouraged to undertake national recognised qualifications in social care. We spoke with an external assessor who told us "They are very good at supporting and developing staff here."

Staff received supervision and appraisal which provided them with opportunities to discuss their work performance, concerns and any training with their line manager. Staff told us they felt well supported and said the management team had an open door and they could raise issues or ask for advice whenever they needed to. They also said they had a handover meeting everyday so felt well informed and updated. We observed the handover meeting on Foxholes unit, during which staff were updated about people's health and wellbeing. Staff were given a copy of the shift plan with allocated duties for them to carry out.

Is the service caring?

Our findings

People and their relatives told us the staff at Engleburn were kind and caring. One person told us "The staff are good" and went on to say the staff were polite and helpful. Another person commented "I think you'd call it home here, it's so marvellous." A relative told us "It's very homely, it's lovely care here. They're so caring. I've got to know them so well. They care about me too, even give me a hug [when upset]."

At our inspection in April and May 2016 we found the registered provider had not always treated people with dignity and respect. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the registered provider had taken steps to address these concerns and was compliant with this Regulation.

Staff respected people's privacy and dignity. People received personal care in the privacy of their rooms. We observed staff knocked on doors and waited for a response before entering people's rooms and asked for permission before providing any care or support. People chose to spend time relaxing in their rooms if they wished to do so and this was respected by staff. All staff were offered the opportunity to become dignity champions and this was recorded in their personnel records.

We observed that staff were kind, caring and thoughtful in their interactions with people. Staff got down to eye level with people and spoke quietly and calmly with them. They were observant and responded to people's requests for assistance, for example to visit the toilet, discretely and patiently.

Staff had a good knowledge of the people they supported and quickly identified if they were becoming anxious or upset and provided reassurance. For example, one person, standing by the office, said they had a stomach ache and a member of staff came out of the office and offered re-assurance whilst supporting them upstairs. They told them they would go and get a head of care to come and see them, which we confirmed had happened.

Staff encouraged people to maintain their independence as much as possible, and this was clearly documented in people's care plans. For example, when mobilising or using the toilet. Staff supported people and their relatives to express their views and be involved in making decisions about their care and support and this was reflected in their care plans. We noted that care plans reflected that staff treated people with dignity and respect. For example, in their use of language and written information about people.

People were clean, well-groomed and smartly dressed and, where they wished to do so, wore make up, jewellery and had their nails painted. Staff told us it was important to assist people to maintain their appearance and self-esteem, for example, to ensure people's hair was clean and tidy every day. There was also a hairdresser's salon on the first floor which people could access.

Staff encouraged people to maintain relationships with their families and friends who were welcome to visit at any time. A relative confirmed this and said "I can come when I want. I always get a lovely welcome."

People had personalised bedrooms with their own belongings, such as pictures, ornaments and photographs. A relative told us they had also had curtains made and had brought furniture for their family member. People could choose whether they wanted to lock their bedrooms and if so, had their own key.

Is the service responsive?

Our findings

People and relatives told us they were happy with the care they received. One person said "It's wonderful here. I don't want for anything." A relative was also happy and confirmed they were kept informed and felt involved. They told us "It's not perfect but I'm very happy with this place. I would speak with the manager if I had a complaint but I have no cause to complain."

At our inspection in April 2016 we found the registered provider had not always ensured they had done everything reasonably practicable to make sure people received person centred care that was appropriate and met their needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the registered provider had taken steps to address these concerns and was compliant with this Regulation.

People's needs had been assessed before they came to live at the home and these assessments informed their plans of care. Records showed people and their relatives were encouraged to inform this process. People's preferences, their personal history and any specific health or care needs they may have were identified and care plans reflected these. The registered provider had a computerised care records system in place, which was not yet fully in use as some information from pre admission assessments remained in paper records. A head of care told us that the plan was eventually to remove paper records and ensure all information was available on the computerised system.

Staff had a good awareness of people's needs and preferences. Care plans gave clear information for staff on how to meet the needs of people in a person centred and individualised way. Each person had a summarised support plan which gave staff a clear account of how people liked to be supported, what they could do independently and what activities they required assistance with. The information on these records reflected information on handover sheets which each member of staff received when they started each shift. This was updated daily to ensure staff were made aware of any changing needs of people. For example, if they had been seen by a GP, had an infection or required any additional assistance with any activity. We saw handover sheets were updated to reflect one person had commenced a new medicine for an infection and another person required closer monitoring as they had been entering other people's rooms more frequently. If people had fallen or had an incident of injury such as bruising this was reflected in handover sheets and in daily records and plans of care.

People's daily care, support and activities were recorded in their care records which provided a detailed picture of the care they had received and how they spent their time. Activities staff had a schedule of planned activities. The activities co-ordinator told us they had recruited additional activities staff and were now able to increase the number of trips out. People had already been supported to go to church, to a local pub and they were now planning a trip around Poole Harbour in an accessible boat. Most people commented they were happy with the activities available, such as exercises, art and crafts and quizzes. One person told us there were things to do "All the time." They went on to say they joined in with everything and never felt bored.

Staff communicated enthusiastically with people and encouraged them to join in with planned activities. Where people chose not to join in, they could sit and watch so were still included in what was going on. Staff consistently gave praise and encouragement to people for their participation. Where some people chose to stay in their rooms, staff were aware of the risk of social isolation. One staff member told us "A couple of people are socially excluded but we'll go to their rooms and do one to one with them." A relative told us "It's fun here. They're always doing something; quizzes, people come in and sing, they do crafts at Halloween, Easter, Valentine's Day...they also have an Alzheimer's art group."

The home had a complaints procedure which was given to people when they first moved into the home and was also displayed around the home. People and relatives told us they had not had cause to complain but would speak with the registered manager if they needed to do so. They felt confident that any concerns would be listened to and responded to. One person told us "I would speak to staff but I don't have anything to complain about."

Is the service well-led?

Our findings

Most people and a relative we spoke with told us they knew who the registered manager was and they saw her around the home, although not everyone could remember her name. A relative commented how helpful the registered manager was and said "She [the registered manager] is very approachable. She gave me the information [I had requested]."

There had been a restructure to the management of the service since our last inspection. The registered manager had previously managed Engleburn Care Home and another home owned by the registered provider. They were now only responsible for managing Engleburn Care Home which meant they were able to spend all of their time supporting and leading the service. They told us this had freed them up to focus on making the improvements identified at our previous inspection, which they felt they had achieved.

At our inspection in April 2016 we found the registered provider did not have robust quality assurance and record keeping systems in place. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the registered provider had taken steps to address these concerns and was compliant with this Regulation.

Care plans had been re-written in a new format and input onto a new computerised system to make information more accessible for staff. The registered manager told us the computer system flagged up when reviews of care plans and other documentation were due and this assisted them to maintain up to date records. The care plans and risk assessments we looked at were detailed and up to date. Other documentation such as incident and accident records and body maps were also input into the system and provided a detailed account of what had happened and any action taken. Further actions required, for example, following a fall, were recorded on the computerised system and signed off by senior staff once these were completed.

A range of audits and checks had been implemented to assist the registered manager and deputy managers to monitor the effectiveness of the care delivered. The registered manager and deputy managers were responsive to any feedback we gave them throughout the inspection. For example, where we identified an issue with the cleanliness of wheelchairs, this was immediately addressed. The wheelchairs were cleaned and an audit was put in place to check them regularly and reduce the risk of wheelchairs being missed off the cleaning schedule.

At our inspection in April 2016 we found the registered provider had not always sent in statutory notifications as required. This was a breach of Regulation 18 of the Registration Regulations 2009. At this inspection we found the registered provider had taken steps to address these concerns and was compliant with this Regulation. The management team had appropriately submitted notifications when events or incidents had occurred.

Staff told us they felt very well supported by the registered manager and the management team. A staff member told us "She [the registered manager] is really good and the deputies. They've taught me a lot.

They're so knowledgeable and approachable. If I have a problem they'll help. They're always there to help." Another staff member said "The registered manager is a good role model" and said they could always get hold of her if they needed advice or to raise a concern. Another staff member said "There's an open door policy here. [The registered manager] is responsive. I get a lot of support."

There were specific meetings for senior staff each Monday and Wednesday to update each other and plan for the week ahead, as well as general staff meetings. A staff member told us "I can raise anything I want to. Everyone values what I have to say." Another staff member said "They [staff meetings] are useful. We can discuss everything. I do feel listened to."

The management team were in the process of upgrading the home and introducing a more dementia friendly environment. Doors to people's bedrooms in Foxholes were being painted with bright primary colours and picture signage had been put in place to assist familiarisation. Suppliers of dementia friendly furniture had been sourced and decisions were in the process of being made.

People were asked for their views about the care and support they received. Comments cards were available for people to complete and surveys were sent out to relatives. The most recent results showed relatives were satisfied with the care provided. Comments included "Very pleased with the care you give. Couldn't wish for a better place" and "Staff do very well in very demanding circumstances. I applaud them." Any issues raised were dealt with and recorded on an outcome sheet attached to the comment card. For example "Would like room decorated" was recorded as "Added to maintenance board."