Kingsthorpe Care Limited

Boughton Lodge Care Home

Inspection report

105 Boughton Green Road
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Northampton
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Tel: 01604720323

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This unannounced inspection took place on 11 October 2016. This residential care home is registered to provide accommodation and personal care for up to 19 older people. At the time of our inspection there were 17 people living at the home.

On 21 April 2016 we inspected this service and gave it an overall rating of Inadequate and placed it in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that many improvements had been made in all of the areas of previous concern however there were still examples of care which illustrated that further improvements were required.

Improvements had been made to the risk assessment procedures. Risk assessments in relation to how people required their care had been rewritten and were regularly reviewed. The number of falls people had experienced had reduced since the previous inspection however further attention was required to ensure that staff followed the guidance that the risk assessments contained.

People's skin care needs had been assessed and people received the support they required to keep their skin healthy however, there were examples to show that the assessment that had been completed may not provide an accurate picture of people's needs. Staff were knowledgeable about the appropriate support people required.

Environmental risk assessments had been completed which identified risks to people using the service. The provider and manager were able to provide detailed explanations of the support that was in place, and the plans that were underway, however the risk assessments did not always record the required details.

People were supported to take their medication as prescribed. Medicines were stored securely and in correct temperatures, and people were given their correct medicine at the correct times.

Staff were knowledgeable about safeguarding incidents and how to recognise potential signs of harm. Safeguarding notifications and investigations were completed appropriately and where possible, actions had been taken to identify learning or take preventative action.

Staffing levels were sufficient to keep people safe and people received staff support when they needed it. However, further attention was required to ensure that a dependency tool was used to review the staffing levels at regular intervals. Recruitment procedures were thorough which ensured that staff were suitable to work in care.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) however further action was required to ensure full consideration had been given to every person living at the home.

Staff received regular support and guidance about their performance and a training program was in place to ensure staff were competent and confident in their role.

People's nutritional needs were assessed and appropriate action was taken to support them with their needs. People's healthcare needs were regularly reviewed and were managed with support from appropriate healthcare professionals.

People and their relatives were involved in care planning and staff took notice of how people liked their care; however there were occasions that people did not always receive person centred care.

People were supported to maintain their privacy and their dignity. People were comfortable and relaxed with staff and people enjoyed their company. People were encouraged to express their views and make their own choices.

Information about advocacy services was accessible to people and people were supported to have visitors at the home.

Care plans did not always have sufficient detail about people's backgrounds. Staff had a good knowledge of people's needs and were responsive to them.

People's changing needs were understood and maintained by staff and systems were in place to receive, record and act on compliments and complaints. Outcomes to complaints were reviewed for learning opportunities to prevent further incidents.

The provider had invested in a quality assurance system which provided templates and guidance for the service. Improvements had been made to the whole quality assurance procedures which included regular auditing of the service by the registered manager and the provider however further action was required to ensure that the audits were thorough and effective at identifying where inconsistencies or improvements were required.

Accidents and incidents were analysed and reviewed for learning opportunities and systems were in place to receive and act on feedback about the service.

The culture within the home was open and transparent and people and their relatives were made aware of the improvements that had occurred, and were continuing.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risk assessments were in place however they were not always sufficiently detailed.

Staffing arrangements were sufficient however further improvements were required to ensure that staff were deployed appropriately.

Appropriate recruitment practices were in place and staffing levels ensured that people's support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Requires Improvement

The service was not always effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) but further improvements were required to ensure everyone's needs had been fully assessed.

Staff received training and support which ensured they had the skills and knowledge to support people appropriately and in the way that they preferred.

Peoples physical health needs were kept under regular review. People were supported by a range of relevant health care professionals to ensure they received the support that they needed in a timely way.

Is the service caring?

Requires Improvement

The service was not always caring.

People did not always receive person centred care which supported their wellbeing.

People were encouraged to make decisions about how their support was provided and their privacy and dignity were protected and promoted.

People were relaxed and comfortable around staff and felt staff looked after them well.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care plans were not always person centred and did not always contain sufficient information about people's interests and likes.

People's changing needs were reviewed and staff were knowledgeable about people's current needs.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People living at the home and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and
concerns were responded to appropriately.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Improvements were required to monitor the quality and safety of the support people received at the home.

A registered manager was in post and they understood the needs of people living at the home.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

Boughton Lodge 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 October 2016 and was unannounced. The inspection was completed by two inspectors.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people living in the home.

During our inspection we spoke with eight people who lived at the home, one person's relative, four members of care staff, the registered manager and one visiting mental health practitioner.

We looked at care plan documentation relating to six people, and three staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in April 2016 we were concerned that risk assessments were chaotic and did not match with people's needs. They were difficult to understand and were not regularly reviewed or updated as people's needs changed.

During this inspection we found that there had been improvements to the risk assessment process associated with people's care and the home itself.

People's individual risk assessments had been rewritten and they had been regularly reviewed and updated as people's risks changed or new risks were identified. The number of falls experienced by people had significantly reduced and changes had been made in the way that care was delivered to help keep them safe. Referrals to external agencies had been made where needed to help reduce people's risks, for example, people had been referred to the falls or memory clinic where needed.

Although we were satisfied that improvements had been made to the risk assessment process we did find areas where further improvements were required. For example, one person's risk assessment had been completed but the action required to keep them safe had not been implemented, i.e. the risk assessment highlighted an item in the bathroom that was not safe for that person to access but during our inspection we found that it was still accessible to them. Following feedback from the inspection the registered manager took immediate action to remove this item from the bathrooms. Other people's risk assessments we reviewed contained appropriate action and guidance to keep people safe.

Individual assessments had been completed in relation to the risks associated with older people maintaining healthy skin and new care plans were in place to monitor people's skin. However the assessment tool that staff used failed to provide an accurate picture of their needs and the associated risks and in practice staff were making modifications to this. For example, one person's care plan recorded that they required a pressure relieving mattress however, this was not in place and the staff and the registered manager had decided that this type of mattress was not necessary because staff knew people well and were responding accordingly.

Environmental risk assessments had been completed throughout the home and risks were, in the main, being carefully managed. However staff expressed concerns about the safe use of a hoist in one bathroom. The registered manager and provider outlined the action that they had taken to address these difficulties; however it was noted that this action had not been recorded within the risk assessment. Following the inspection, the provider took further action and removed a cupboard within the bathroom and submitted an updated and fully completed risk assessment.

At the last inspection we identified concerns regarding the management of people's medicines.
At this inspection there were significant improvements and the issues identified had been acted upon with positive impact for people. People's medicines were stored securely at all times. We observed staff support people with their medicines and found that whilst staff left the medication trolley for short periods of time

they always ensured it was locked and secure. The temperature of storage facilities for people's medicines was recorded on a daily basis, and they were within the appropriate temperature range.

The stock of people's medicines were recorded and the registered manager was able to account for what medicines were held for each person. The registered manager needed to ensure that this was taken into account before ordering further medicines, particularly of medicines that were on a 'as required' basis, to ensure the service did not hold excess stock. For example, we identified that one person had an excess amount of pain relief locked away and the registered manager hadn't consistently taken that into account when orderig medicines.

We reviewed people's medicine records, and the medication audits that were in place. We saw that each person had their photograph with their MAR which helped to reduce the risk of medicines being given to the wrong person. Improvements were made to the auditing systems with recent internal and external audits showing better management of stock and a full reduction in their medicine errors. The registered manager had also been proactive and had identified that there had been communication failures between the GP and pharmacy resulting in delays for people receiving new medicines. The registered manager had implemented a monitoring system to ensure both the pharmacy and doctors surgery were working well together so people could receive their medicines promptly, and without delay.

At the previous inspection, we identified significant concerns regarding safeguarding incidents, and notifications were not submitted to the local authority and the Care Quality Commission for unwitnessed falls, unexplained bruising and incidents of physical aggression.

At this inspection we found improvements in identifying, preventing and reporting safeguarding incidents. Staff had received safeguarding training and understood the signs and types of abuse. They also had a clear understanding that any incidents needed to be reported, and how this should be completed. One member of staff said, "I know what signs I should look out for which might mean somebody was being harmed in some way, and I know how to report it too." Safeguarding investigations completed by the registered manager were thorough and identified learning or preventative action.

At the previous inspection we received mixed feedback about staffing levels, and the service did not use a dependency tool to identify the correct levels of staffing.

At this inspection we saw that the approach to staffing had improved, but there was still room for improvement. People told us they felt staffing was sufficient and staff came quickly if they needed them, however we observed periods of time for example at lunchtime, when people were not always checked on a regular basis but staff were within earshot. One person said, "The staff always help me when I need them." Another person said, "The girls [the staff] are always around when we need them." Staff told us there were moments when they felt they needed additional staff due to the layout of the building and the independence some people had.

The registered manager felt that there was sufficient staffing and had focussed on tackling sickness levels and had recruited additional staff to reduce the need for agency staff. Evidence showed that less and less agency staff were being used however at the time of the inspection the registered manager was not using a dependency tool to assess staffing levels and to ensure that these were sufficient to meet the full range of people's needs. We observed during the inspection that staff came quickly if people required assistance and people were not made to wait, however improvements could be made to the deployment of staff to ensure that staff spent their time in the right areas of the home and people that chose to spend time in their bedrooms had appropriate and regular support. Following the inspection, the registered manager

introduced a dependency tool and took action to address the issue of staff deployment.

People were protected from receiving care from staff that were unsuitable to work in the care sector. Staff backgrounds were checked with the Disclosure and Barring Service (DBS) for criminal convictions before they were able to start working with people who lived at the home, and staff employment histories were checked with previous employers. One member of staff said, "I know sometimes it can take a long time for new staff to start work but that's because they [the management] do all the checks before they start."

Requires Improvement

Is the service effective?

Our findings

At the last inspection we were concerned that people were not supported by staff who understood their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS). We found that people's consent was not sought or recorded in their care plans.

At this inspection we found that every person had been asked for their consent to the care they received, and this was clearly documented in people's care plans. 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 Mental Capacity Act 2005 (MCA). We checked whether the service was working within the principles of the MCA and we saw that they were. The 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. When it had been identified that people were unable to given consent, a DoLS application had been made by the registered manager.

There were examples of completed mental capacity assessments but the registered manager needed to take a wider view of this to consider if further DoLS applications were required for other people. For example with regards to the home's locked door and inability for people to leave the home if they wished. We saw on a day to day basis people were asked for their consent and opinions about the care they received and staff respected people's wishes. We saw that staff asked people if they could help to support them with their care needs and provided explanations and guidance as they supported them.

At the last inspection we found that staff did not always receive appropriate support and guidance from their manager. At this inspection we found there had been improvements to the support that was in place for staff to be competent and effective in their roles. Staff received regular supervisions with their manager and were given feedback about their performance. Staff met with their manager on a one to one basis and larger staff meetings were organised for all staff. Staff provided mixed feedback about the support they received, however we saw evidence that staff were given regular feedback about their performance. The registered manager confirmed that staff appraisals had been booked for January to enable them to review staff performance for a meaningful period of time and have evidence based discussions.

At the last inspection we found that not all staff had received appropriate training. During this inspection we found that improvements had been made. One relative told us, "Staff know what they are doing and seem to be well trained." And one member of staff said, "We've had so much training, it's been quite helpful." We reviewed the training that had taken place and found there had been improvements, and staff had received training in the key areas of providing care. However, we identified that not all staff had completed all of the training. The registered manager confirmed that when training places had been limited, senior members of staff had been trained and this would be disseminated to the rest of the staff team. A staff meeting was booked for all staff which would, amongst other things, discuss key staffing and training issues.

At the last inspection we found that people's nutritional needs were appropriately supported. At this inspection we found that people's nutritional needs were supported, however people were not always weighed as regularly as their nutritional assessments suggested. For example, staff used a Malnutritional Universal Screening Tool (MUST) to review people's nutritional needs. This indicated the frequency that people should be weighed and this was not always complied with. Although we did not identify any impact of this for people's health or wellbeing, it is important that this aspect of peoples care is carefully monitored and that they are weighed in line with their assessed needs. People were supported to eat and drink enough at mealtimes. One person said, "I choose what food I want, and its things I like." Another person old us, "The food is alright but sometimes it's a bit bland." We saw that people were offered drinks and snacks throughout the day and at mealtime's people were given the appropriate encouragement and support to eat as much as they wished.

At the last inspection we found that people's healthcare needs were appropriately managed. At this inspection we found that people were supported to seek medical assistance when they needed it. A GP visited the home on a regular basis, and outside of this, if people were unwell staff requested additional visits from healthcare professionals as necessary. One person said, "They [the staff] get the doctor out if needed." We spoke with a visiting mental health practitioner at the service. They told us, "The staff are good at knowing what they can manage and seeking help when it is needed. I have no concerns with how they help to manage people and their behaviours."

Requires Improvement

Is the service caring?

Our findings

At the last inspection we found that people and their relatives were not involved in care planning or making decisions. At this inspection we found evidence that each person, and/or their relative had been invited to review their care. People and their relatives were able to provide information about how they liked their care and this was respected. For example, one person stated they preferred to wear skirts instead of trousers and we saw that staff supported this person to wear clothing they liked.

During this inspection we identified that people did not always receive person centred care. We found examples of when people did receive person centred care, for example, one person's care plan explained that one person had a particularly special item in their bedroom that they did not want staff to move or touch. Staff were knowledgeable about this item, and the importance of it for the person. They understood that the person did not like them to touch it or move it, and if they needed to do so, they were required to ask for permission, which they did.

However, we also saw examples of people not receiving person centred care. For example at dinner time, not everyone was given one to one person centred support to eat their meals if they required it. People were supported by different members of staff who fleetingly attempted to support them before moving on to do something else. This meant that people were approached on numerous occasions by different staff and this did not support people to receive consistent person centred care. We saw that one person who was clearly very tired and did not wish to eat their meal at that time was approached by four different members of staff who attempted to feed them without any conversation about whether they would prefer to eat their meal later.

People's privacy and dignity was maintained at all times. One person told us, "They [the staff] knock on my door before they come in." Staff told us they did what they could to maintain people's privacy and we observed staff asking for permission to enter people's bedrooms to support them with their care needs. We also saw that staff were mindful and respectful when people were using the hoist to transfer from one chair to another. One member of staff adjusted one person's clothing whilst they were in the hoist to protect their dignity and not to expose their body.

People appeared relaxed and comfortable in the company of staff and people told us that the staff treated them well. One person said, "I'm glad my family brought me here, it's very very nice and the staff are always pleasant." We saw that staff engaged people in conversations about daily events and matters that interested them. People were encouraged and enabled to be as independent as possible. We saw staff supporting people to walk at their pace if they wished to walk and needed support, and staff offered reassurance when necessary.

Staff demonstrated a good knowledge and understanding about the people they cared for. The staff showed a good understanding of people's needs and they were able to tell us about each person's individual choices and preferences. People had developed positive relationships with staff and they were able to share jokes and banter with each other. For example, during a game of bingo people and staff laughed together

when the numbers they needed did not come. We saw staff holding people's hands and showing affection when people required reassurance or showed signs of distress.

People were encouraged to express their views and to make their own choices. One person said, "I choose where I want to go, or where I want to sit. At dinner time sometimes I sit in the dining room, sometimes I sit here [in the lounge]." Another person said, "I like to have a bath and the staff help me with that." There was information in people's care plans about what they liked to do for themselves. This included how they wanted to spend their time or if they had preferences about how to receive their care. For example, one person preferred to spend time in their bedroom and the staff respected and accommodated this.

Information about advocacy services was available on display for people and their relatives to view and access. Staff demonstrated their understanding of decisions that may require support from an independent advocate which included decisions around handling their money or moving house, particularly if they did not have relatives or next of kin to support them. The registered manager confirmed that nobody at the home currently had the use of an advocate but was aware of the circumstances that one may be required.

Visitors, such as relatives and people's friends, were encouraged at the home and made to feel welcome. One relative said, "I've got to know all the staff, they're all really nice." We saw that people's visitors were able to visit when they wished, and if people wished, their relatives could be involved in supporting them with their care needs, such as helping them to eat or get washed and dressed. In addition, if people's health deteriorated, staff contacted people's family and friends to keep them updated and involved if appropriate.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection we identified that care plans were not person centred, for example they did not contain information about people's preferences such as meal preferences. At this inspection we found that there had been improvements to the care plans. They had been updated to reflect people's preferences however there were still some gaps about this. The staff and the registered manager had a great knowledge about people's needs and their preferences however they were not always documented.

People's care records did not always detail people's backgrounds or likes and dislikes. We found examples where people had been asked for their input about their interests and what they liked. For example, one person who had difficulties with their eyesight had told staff that they enjoyed listening to specific radio programs and this was supported and accommodated. However we saw that there had been limited involvement of people in deciding on an activities program that reflected people's backgrounds and interests. For example, several people told us that sometimes they played bingo but they could not always see the numbers. We saw that staff offered support for people to participate and people enjoyed the activities that were on offer but there was not always an opportunity for people to make suggestions about the activities, or how they could be improved.

People told us that staff were responsive to their needs and were available when they needed support. Staff told us there were occasions that they felt rushed and unable to respond to people's needs promptly. We observed that whilst there were occasions that people were left unsupported, staff were able to respond to people in a prompt and efficient manner if they did require assistance. We spoke with the registered manager about this and they told us they were working with the staff to ensure they were suitably deployed at all times throughout the home and bedrooms.

People's changing needs were understood and maintained by staff. We saw that staff took appropriate action when one person's needs had significantly changed and the person's relative was informed. One relative told us, "They [the staff] respond well to changes in [name]'s care." People's care needs were regularly reviewed by staff and each person had a keyworker (a member of staff that was dedicated to each individual) so that they could discuss any changes they required. Staff met with people on a regular basis to discuss their care plan and were knowledgeable about what people's current care needs were when they had been subject to change.

Since the last inspection no new people had moved into the home. We reviewed the pre admission procedures and found that they had been developed since the last inspection and were sufficient at identifying and understanding people's needs before people moved into the home. The provider confirmed that people's needs would be fully reviewed before they were offered a place in the home to ensure staff had the skills, competence and equipment needed to meet people's needs. Plans to have care plans written when people moved into the home were in place and the provider was aware of their limitations in who may be suitable to move into the home due to the location of the available bedrooms. The provider and registered manager gave assurances of a sensible approach to accepting people into the home with the needs of each person at the forefront of the process.

The service had a system in place to receive, record and act on complaints or comments. One person said, "If I wanted to make a complaint I'd write one, but I can't grumble – they [the staff] are good to me." Staff understood that they should not ignore people's complaints and they should be supported if they wished to make a complaint. One member of staff said, "If someone wanted to make a complaint I'd get the manager or help them to see the manager." Only one complaint had been made since the last inspection and appropriate action had been taken in response to this. Systems were also in place to record compliments and we saw that there had been three.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection we identified significant concerns regarding the lack of quality assurance systems that were in place. They were not completed regularly, were ineffective and were not robust. At this inspection we found significant improvements to the quality assurance systems and the governance of the home. The provider had invested in a quality assurance system, which was a compliance system which provided templates for audits and other paperwork. New audits had been introduced and were completed on a regular basis. Both the registered manager and the provider conducted monthly audits which included medication, health and safety, and care plans. We saw that actions were taken as a result to help the service improve. The provider showed full transparency about where they were up to and had a service improvement plan in place and on display so people, relatives, visitors and staff were aware of what action was outstanding.

We saw that whilst improvements had been made, the registered manager needed to ensure that audits were robust and identified all the areas that required improvements. For example, the audits had not identified that improvements were required to assessing the support people needed to keep their skin healthy. Records showed that most actions were completed in a timely manner. The registered manager had a good understanding of where improvements were required and had plans in place to deal with each issue. For example, prior to the inspection the registered manager had identified that improvements were required to recording and assessing people's individual risk assessments.

At the last inspection we found that accidents and incidents were not analysed. We found that falls analysis was completed but no action or prevention was taken. At this inspection we found that accidents, incidents and falls were analysed in depth and appropriate action was taken to review, mitigate and prevent repeated incidents. We found that immediate and long term action had been taken which included supporting people on an individual basis but also identified areas that the home could help to support people. For example, the provider had installed a hand rail in areas of the home that people may need additional support. We saw that the number of falls had reduced since the last inspection.

Since the last inspection health and safety audits had been improved. They identified the improvements that were required but did not always have sufficient details about how this was being managed. The provider and registered manager were able to tell us their plans which were appropriate, however these were not appropriately documented or communicated to staff. Following the inspection the provider took action to address this shortfall and submitted further documentation which reflected their plans. In addition the registered manager confirmed that the actions would be communicated to staff at the upcoming staff meeting.

We were concerned that at the last inspection that staff records were not always kept up to date and therefore the provider could not evidence that supervisions and training had been completed as required. We reviewed staff records during this inspection and found that they had been updated and appropriate records were in place to show the support and development staff had been given.

At the last inspection we were concerned about the leadership at the home and found that the registered manager was no longer working at the home. At this inspection we found that an experienced Registered Manager had been employed and had been successful with their CQC registration. They were aware of the challenges of the home and had committed to working at the home on a long term basis. Not everyone living at the home was aware of who the registered manager was, or what their name was and staff provided mixed feedback about the senior management of the home.

Some staff commented that they felt a lack of management support and guidance, particularly at the weekends and this culture had felt isolating. One member of staff said, "The previous manager provided a lot of hands on care, worked evenings and weekends and always seemed to be available. It is different with this manager and we are trying to get used to that but it's difficult, especially at weekends." We discussed this with the providers and the registered manager and they accepted that the registered manager had needed to spend a vast majority of their time rewriting policies, care plans, and other documentation in relation to the running of the home. New staffing arrangements were being considered for the weekends so there would be less pressure and expectation on care staff.

There were systems in place to receive and act on feedback. The culture within the home was about being open and transparent and a relative's survey had been sent out, with the results awaited at the time of the inspection. The surveys were being split into individual key questions; the first one was for caring. The registered manager told us that the results would be analysed for themes and used to improve the service, which would be shared with staff, people and relatives. There was evidence of open communications with relatives, including newsletters, meeting minutes and a letter regarding the previous report and how the service planned to improve.

The registered manager wanted to create community links and had made arrangements to establish relationships with the Alzheimer's society to do a talk for staff, people and their family members. The manager was also looking at establishing a dementia lead role and supporting the staff to become dementia friends, to further support the needs of people within the home.