

MGL Healthcare Limited

# Mont Calm Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Mont Calm is a residential care home providing accommodation and personal care for up to 39 older people, some of whom are living with dementia. There were 33 people living at the service at the time of the inspection.

### People's experience of using this service and what we found

People told us they enjoyed living at Mont Calm Residential Home and felt safe with the staff. Comments from people included, "I am very happy here, staff are all very considerate" and "Staff very friendly, always checking to see if I am comfortable."

People spoke highly of the staff, we observed kind natured interactions between people and staff. Comments included, "Carers are wonderful, couldn't wish for a better lot, they are all good" and "Loving, caring, well qualified, really good, they have become my family." Staff knew people well and responded to people's emotional needs as well as their support needs.

People's safety had been promoted and potential risks posed to people had been reduced. Staff understood their responsibilities about safeguarding and had been appropriately trained. People's safety in the event of an emergency had been considered. Equipment was serviced and maintained. People received their medicines safely as prescribed by their doctor.

There were enough trained staff with the right skills to meet people's needs. Staffing levels had increased when there had been changes in a person's needs. Staff were observed spending time speaking with people and their relatives. Staff were recruited safely to ensure they were suitable to work with people.

Staff felt there was an open culture where their views were listened to and respected. Staff felt supported in their role by the management team and received guidance when needed. The management team worked alongside the care staff to support them and observe practice. Staff were encouraged to complete further education courses to widen their skills and knowledge.

People were supported to seek medical support when this was required to maintain their health. People had access to food and drink they enjoyed; as well as snacks throughout the day. People's nutrition and hydration needs had been assessed; records were up to date and accurate.

People were at the centre of their care and support, making choices about their lives. Care records were kept under review to ensure they continued to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and relatives were encouraged to give their feedback about the service and make suggestions for

improvements or to raise any complaints.

People were supported to participate in activities and events within the service and in the local community. A coffee shop had been made in the back garden enabling people to spend time with their loved ones outside of the service. People were enabled and encouraged to maintain as much independence as possible.

Systems were in place to monitor and audit the quality of care people received. Action was taken when any shortfalls were identified. Lessons were learnt and improvements were made when things went wrong.

The registered manager and management team were committed to ensuring people received a high-quality service. Attendance at regular events and forums enabled the sharing of best practice.

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 18 June 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Mont Calm Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Mont Calm Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and three relatives about their experience of the care provided. We observed staff interactions with people and observed care and support in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with six members of staff including the registered manager, deputy manager, a team leader, the activity coordinator and two care staff.

We reviewed a range of records. This included four people's care records, which included care plans, risk assessments, daily care records and medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including a sample of audits, health and safety checks, accidents and policies and procedures.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last comprehensive inspection this key question was rated as Good. At this inspection this key question has remained the same, Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff living at Mont Calm Residential Home. Comments included, "Everyone here looks after you, carers are very good, always happy", "The whole atmosphere is comfortable, staff are so kind to everyone" and "Staff are very good and kind, I wouldn't want to live anywhere else."
- Staff understood the potential signs of abuse and knew the action to take if they had any suspicions. Staff had been trained in safeguarding people and followed the provider's policy and procedure.
- Records showed that incidents had been reported to the local authority safeguarding team when required. The registered manager contacted the safeguarding team for advice and support.

Assessing risk, safety monitoring and management

- Potential risks posed to people had been individually assessed with guidance for staff to follow to reduce the risk. For example, risks relating to people's skin integrity, mobility and nutrition. Risk assessments were kept under continuous review to ensure risks were minimised.
- People continued to live in a well-maintained environment. A maintenance person was employed whose role included checks of the fire alarm system, hot water temperature checks and checks of the window restrictors. The registered manager completed a monthly health and safety audit which identified any concerns that required action. These checks helped people to live in a safer environment.
- Equipment such as the lift and mobile hoists had been serviced and maintained; to ensure they were in good working order. Staff followed guidance to safely evacuate people in the event of an emergency, such as a fire.
- Accidents and incidents were analysed to identify and patterns or trends; this was to reduce the risk of reoccurrence. The registered manager identified one person having a number of falls in the afternoon; as a result a referral was made to the occupational therapy team and the person was assessed as needing a walking frame to aid their mobility.

Staffing and recruitment

- People told us staff were available to meet their needs during the day and night. Comments included, "There are always staff walking about ready to help if you want something", "Plenty of carers always stop and have a quick chat" and "I prefer to stay in my room, staff always busy but I get the help I needs. Staff always popping in to see if I am okay and check if I need anything."
- Observation showed staff responded promptly to people's needs. Staff spent time with people talking and offering reassurance when this was required.
- The registered manager used a dependency tool to calculate the amount of support each person required. This was reviewed monthly or sooner if people's needs changed. Records showed staffing levels

had increased following a change in people's needs.

- There was a team of ancillary staff including, maintenance, housekeeping, laundry, kitchen staff and an activities coordinator.
- Staff were recruited safely to ensure they were suitable to work with people. Checks were made regarding the person's suitability for the role such as, a full employment history, references from previous employers and a check with the Disclosure and Barring Service (DBS). A DBS check provides information about any criminal convictions a potential staff member may have. These checks helped make safer recruitment decisions.

#### Using medicines safely

- People told us, and observation confirmed that people received their medicines safely, and as prescribed by their GP. Comments from people included, "I always get my medicine at mealtimes. If I am in pain I let the carer know and they get me some painkillers" and "Staff make sure I have taken my medication. I feel so much better now the doctor is really pleased at how I am progressing."
- The registered manager had recently changed the system for the ordering, storage and returning of people's medicines; in line with national guidance. Staff had been trained and completed annual competency assessments with a member of the management team.
- Each person had a specific care plan informing staff how they wanted to be supported with their medicines. Guidance was in place for people that required 'as and when' medicine (PRN) for example, pain relief; this included how the person would communicate if they were in pain and required PRN.
- Regular audits were completed to ensure medicines had been administered, signed for and the correct totals were left. An annual pharmaceutical audit was completed by the local pharmacy; the last audit was completed in September 2018; the action had been completed by the registered manager.

#### Preventing and controlling infection

- House keeping staff followed a schedule of cleaning to reduce the risk of infection. People told us they felt the service was clean and well maintained. Comments included, "My bed is always made every day. My sheets are washed and changed every week. My room is cleaned and dusted every day" and "Cleaner always makes sure the floors are vacuumed, always looks clean."
- Carpets throughout the service were being replaced with a flooring that was easily cleaned and prevented odours.
- Staff had been trained in infection control and understood the importance of wearing personal protective clothing to reduce any spread of infection.

#### Learning lessons when things go wrong

- Lessons were learnt and improvements were made when things had gone wrong. Following a serious incident which prompted the last inspection a decision was made to not admit anyone for a period of respite. The preadmission assessment had been reviewed to include further detail about people's specific needs.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had failed to individually assess and effectively monitor each person's nutrition and hydration needs. This was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 14.

Supporting people to eat and drink enough to maintain a balanced diet

- The registered manager had consulted with a health care professional to identify each person's daily fluid target. These were audited on a weekly basis and action was taken when concerns had been identified, such as offering alternative drinks and food with a high-water content.
- A new electronic recording system had been implemented. This enabled staff to record the amounts of fluid people had, at the point it had been drunk. The registered manager had identified the amount of fluid each cup or beaker within the service held. This enabled staff to record people's intake with more accuracy.
- People's nutrition and hydration needs had been assessed with support from health care professionals, if required. Some people required a soft food or pureed diet which was catered for; other people required a fortified diet which included high calorie food. People's diets were catered for by an external catering company.
- People were complimentary about the food they were offered; saying there were plenty of options to choose from. Comments included, "First class, actually better than any first class hotel. Well I don't leave any of it and offered extras if you want it" and "Always tasty. We get plenty to eat and drink here."
- Observation showed people were offered regular drinks and snacks throughout the day. People's meals choice was individualised to their needs; some people were asked, some people used photographs and others used an example plate of food to make their choice.
- People that required additional staff support to eat their meals received this in a calm, unrushed way allowing people enough time to eat and enjoy their meal.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and DoLS, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection we recommended the registered manager ensured staff had learnt the skills and competencies they required in relation to the MCA and DoLS. The registered manager had made improvements.

- People's consent was sought before providing any care. When people did not have the capacity to make a specific decision, decisions were made in their best interest, with the relevant health care professionals.
- Staff had been trained and understood how the MCA applied to their role. Staff told us they ensured people were given as much opportunity as possible to make decisions about their day to day living.
- The registered manager kept a record of the DoLS applications that had been submitted, authorisations and to ensure any conditions on authorisations were being met.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People told us they accessed a range of healthcare professionals such as, district nurses, opticians, chiropody and their GP. One person said, "Staff called the doctor when I had a chesty cough, team leader always keen to get the doctor in straight away." A relative said, "Staff very good at calling the doctor if they feel that [loved one] is not well. Girls always phone me if the doctor is called."
- The doctor from the local surgery visited weekly to review people who required medical attention. During our inspection one person became unwell, staff sought medical advice and an ambulance was called.
- People health needs were clearly documented within their care plans. Staff followed guidance from health care professionals to ensure people remained as healthy as possible.
- All appointments were clearly documented with any outcome or actions that needed to be completed. Staff sought medical advice when they noticed a change in the persons needs. For example, it was noticed by staff one person had difficulty swallowing their tablet medicines. After liaising with the GP, the person was prescribed the same medicine in liquid format which they were able to take.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, social, emotional, cultural and religious needs were assessed in line with best practice and guidance, so the management team could be confident they could be met by the staff team.
- The assessment involved the person, their family and relevant health care professionals. People and their relatives were able to visit the service and view the vacant bedrooms before making a decision.

Staff support: induction, training, skills and experience

- People and their relatives told us they felt the staff had the right skills and knowledge to meet their needs. One person said, "Definitely have the right attitude, good understanding of my needs, always checking if everything is ok with me." A relative said, "Definitely well trained. Terrific understanding for me and [loved one] needs. As his health has deteriorated I have been totally involved with his care."
- Staff told us they had been trained and felt supported in their role. Staff received ongoing support and supervision by the management team. Staff told us they felt confident to speak with any member of the management team at any time.
- New staff completed an induction which included an orientation to the service, getting to know people;

reading their care plans and working alongside experienced staff observing their practice.

Adapting service, design, decoration to meet people's needs

- The service had been designed to support people with dementia to move around the service as independently as possible. Clear signage including text and pictures identified bathrooms and toilets. People's bedroom doors were identifiable with their name and pictures of interests.
- People could access the garden which was maintained by a gardener. The registered manager had recently converted an outbuilding into a coffee shop which people accessed weekly.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last comprehensive inspection this key question was rated as Good. At this inspection this key question has remained the same, Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they felt the staff were kind, caring and showed a commitment to help them. Comments included, "I like it here, the staff are all very nice. I would not like it if I had to go somewhere else", "Carers wonderful, couldn't wish for a better lot, they are all good" and "Very understanding, they will sit and talk to me when I am upset."
- Staff knew people and their relatives well, including their likes, dislikes and personal histories. Observation showed staff knelt or sat with people when speaking with them; maintaining eye contact, giving people their full attention. Staff greeted people by their preferred name and with a smile when they saw them.
- Staff responded to people's emotional needs when required. One person appeared upset and anxious; a member of staff sat with the person, held their hand and chatted to them. The person became relaxed and was smiling.
- People were supported to maintain relationships with people that mattered to them. Visitors were made to feel welcome and could visit at any time. We observed a member of staff talking to a person about a family photograph they had; the person started to talk about when they were in the navy. One relative said, "I know all the staff by name; they make me feel so welcome."

Supporting people to express their views and be involved in making decisions about their care

- Each persons' communication care plan detailed how the person would communicate their needs and choices; these included the use of any aids such as, picture cards and photographs.
- People told us they made the decisions about their day to day care. For example, what they wanted to eat, whether they wanted a bath or shower and what activities they wanted to participate in.
- Each person had an allocated 'key worker'; this is a specific member of staff whose role included checking that people had toiletries, appropriate clothes and a check of the persons' finances. Family members knew the staff well and could speak with them at any time.
- People's views were listened to and respected by staff. One person had chosen not see the visiting district nurse and this was respected by staff.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. Comments included, "Staff always knock and call out their name before they come into my room" and "Bathroom door always kept closed when I am having a shower."
- Observation showed staff knocking on bedroom doors and waiting for a reply before entering Staff knocked on bathroom doors to check they were free before supporting someone to use the toilet.

- Staff understood the importance of maintaining privacy, dignity and confidentiality; they received training in these subjects and understood how it affected their role.
- People told us, and observation confirmed that people were encouraged to do as much for themselves as possible. One person said, "Staff encourage you to keep independent, I like to dress myself and know staff will help if I ask them." A relative told us how the staff had changed what their loved one's food was served in; this had enabled them to remain independent with their meals.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the registered manager had failed to ensure people's care records were updated following a change in the person's needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

- People told us they received the support they wanted when they needed it. Comments included, "Staff help me to dress in my own time, never try to hurry me up" and "It is my choice what help I want, nobody makes you do things you don't want to."
- Systems were in place for the regular review of people's care plans and risk assessments. Records showed care records had been reviewed monthly or sooner if there had been a change in the person's needs.
- People's care plans were individualised to the person's needs. They included the exact support required from staff to meet their needs. For example, the support required with, oral mouth care, health and personal care. This enabled staff to give people the specific support they required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider had recently employed a new activity co-ordinator to arrange activities that people enjoyed and met their needs. People spoke highly of the activities co-ordinator, one person said, "[Name] came to see me and we talk about my days in the navy and the army and where I went." Relatives commented, "The activities co-ordinator does hand exercises and encourages people to sing. Even if [loved one] doesn't sing she laughs which shows she is enjoying it" and "The new activities person sits and reads to [loved one]. They are excellent, really understands the needs of people with dementia."
- People's cultural and religious needs were met with regular services being held within the service.
- People were encouraged to participate in the range of activities that were available. These included activities within the service and out in the local community. One person said, "I like to read the news paper and I do some colouring. Have been out on the trip to the town on the mini bus."
- Following a suggestion from people, the registered manager had changed an out building in the garden into a coffee shop. This was being used for events such as Father's Day where beer and non-alcoholic beer was also being served.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information had been presented to people in a way they understood including, written text, pictures, photographs and places of interest. Documents were available in easy read versions and larger print if this was required.

### Improving care quality in response to complaints or concerns

- People told us they felt comfortable raising any complaints or concerns they had with any member of staff. Comments included, "No complaint from me, carers always check if everything is okay" and "Nothing to complaint about here, everything you want is done for you."
- Systems were in place to monitor and respond to complaints or concerns, raised formally or informally. People and relatives had access to the provider's complaints procedure; this was also available in an accessible format.
- Records showed the complaints procedure had been followed, with an acknowledgement of the complaint, investigation and outcome by the registered manager. For example, a complaint had been raised about the menu; this had been resolved with an outcome the person was happy with.

### End of life care and support

- People's wishes for care at the end of their life were recorded within their care plan and respected. Some people had made the decision to stay living at Mont Calm with support from the local hospice and district nursing team.
- Some people had made the decision not to be resuscitated should their heart stop; this was clearly detailed within their care plan.
- Staff received training relating to supporting people, and their families at the end of their lives. The registered manager had accessed additional training from the local hospice team; they planned to create an end of life care register to ensure people received the appropriate support.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the registered manager had failed to notify the CQC following an outbreak of the norovirus. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 18.

- The registered manager had submitted notifications to the CQC in line with their regulatory responsibility. Notifications are information we receive from the service when significant events happen, like a serious injury or death.
- Staff told us they were clear about their role and responsibility as this was outlined in their job description. The registered manager used team meetings and memos as a way to provide feedback to the staff team and discuss any changes to their role. One member of staff told us how they used the daily activities board for staff; this recorded the expectations of staff throughout their shift. For example, if they were working one to one with someone or the tasks that required completing.
- The registered manager attended workshops and local provider forums where current best practice within health and social care was discussed; any ideas or suggestions would be discussed with the provider and implemented.
- The registered manager and management team completed a series of checks and audits to assess the quality of the service people were receiving. Monthly audits were completed by the registered manager which included an entire systems audit; this looked at care records, care delivery and health and safety. These audits generated action plans that were monitored and completed by the registered manager and management team.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they knew the registered manager well and found the management team approachable and easy to talk to. Comments included, "They often come around and sit with people. Very approachable always smiling and asking how we are" and "The home is well managed, they never run out of things, always have staff to come and help me."
- Staff told us the registered manager promoted an open and inclusive culture where they felt comfortable



to speak with the management team at any time. One member of staff said, "They are very visible. They make it clear that we can call them at any time." Another member of staff told us that the management team will always help if there was an emergency such as staff sickness or a person needed extra support.

- The registered manager was committed to developing the service and providing people with good outcomes. There had been improvements within the activities people participated in and there were plans for further development. The registered manager had accessed a national training and resource facility to complete a leadership programme developing their skills and knowledge.
- A relative said, "Both the manager and deputy run the place very well. I have been coming here for six years and I have seen real improvements in staff training and practices. They are always checking with us if there is anything else they can do for [loved one] to make him comfortable."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood their responsibility in line with the duty of candour. When things did go wrong, the provider ensured lessons were learnt and changes were made to prevent a reoccurrence.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were involved in the development of the service. Annual surveys were sent out to gather feedback and enable an opportunity to make suggestions. Results were collated and action that had been taken as a result was shared between people. For example, people commented that the flooring and decoration in one side of the building needed updating. As a result, plans were in place for the redecoration of the service including new flooring.
- People told us they were happy living at Mont Calm. Comments included, "Very happy here, staff are all very considerate" and "Staff are very patient, when I am upset they sit down beside me and hold my hand." A relative said, "The home has a solid core of staff who provide loving care."
- Relatives meetings were held where feedback could be shared and relatives were informed about any changes that were planned, such as staff recruitment and the new activity coordinator. A relative said, "I came to the residents meeting and the manager asked us about our views to the plans for the flooring."

Working in partnership with others

- The service worked in partnership with people, their relatives and health care professionals to ensure people received joined up care and positive outcomes. For example, the management team had worked with the continence nurse to enable them to complete the initial stage of the continence assessment. This had reduced the amount of time taken to complete the full assessment for people.