Care UK Community Partnerships Ltd

Scarlet House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This unannounced inspection took place on 14, 15 and 19 April 2016.

Scarlet House provides nursing, residential and respite care for up to 86 people. At the time of our inspection 79 people were living there. There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was one legal breach of legal requirements at the last inspection in March 2015.

People were provided with personalised care and support. Staff knew what they valued and how they liked to be supported. Their interests and life histories were recorded to help staff get to know them well. Relatives told us the staff communicated with them and they were confident staff cared for people with compassion and dignity. Healthcare professionals supported people and told us the staff were kind and calm particularly when people were living with dementia and became anxious.

Peoples care was regularly reviewed and any specific care needs were recorded and evaluated to record progress. People had freedom to access all areas of the home and any risks were identified and minimised. Some people needed individual staff to support them most of the time and staff were sensitive to their privacy and dignity. The homes café was a place where people and their visitors could spend time together and make their own drinks and enjoy the homemade snacks provided.

There was a range of activities provided and people joined in with them. People's individual interests were catered for and they requested activities they liked. There were art sessions, arm chair exercises, baking and regular films in the cinema. There were good links with the community where school children visited and people went to their school. A gentlemen's club took place in a local pub and ladies enjoyed knit and natter sessions. People had a good choice of meals and special diets were provided. The catering staff knew peoples likes and dislikes and made sure the menus included their preferences.

People were supported by staff who were well trained and had access to training to develop their knowledge. There were sufficient staff and they were well supported to fulfil their role. Relatives and people told us the staff were kind and always cheerful and showed compassion for their wellbeing. Staff knew how to keep people safe and were trained to report any concerns.

The registered manager monitored the quality of the service with regular audits and when necessary action was taken. People and their relative's views and concerns were taken seriously. They contributed in meetings and regular reviews of the service and improvements were made. Staff meetings were held and staff were able to contribute to the running of the home.

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

This service was safe.

People were safeguarded as staff were trained to recognise abuse and to report any abuse to the local authority safeguarding team.

People's care and support needs were regularly assessed to monitor the staffing levels required.

People were protected by thorough recruitment practices and staff induction training.

People's medicines were managed safely to ensure people were receiving medicines correctly and staff were competent.

The home was well maintained and health and safety and fire risk assessments had been completed.

Is the service effective?

Good

This service was effective.

Staff training was up to date. Individual and group supervision meetings were completed regularly to monitor staff progress and plan training.

People made decisions and choices about their care. Staff were confident when supporting people unable to make choices themselves, to make decisions in their best interests in line with the Mental Capacity Act 2005.

People had access to social and healthcare professionals and their health and welfare was monitored. One care plan had insufficient detail for staff to follow and to be effective.

People's dietary requirements and food preferences were met for their well-being.

Is the service caring?

Good

The service was caring.

People were treated with compassion, dignity and respect.

Staff treated people as individuals and positively engaged with them.

People were able to express their views and be actively involved in making
decisions about their care, treatment and support.

Is the service responsive?

Good

The service was responsive.

Staff knew people well and how they liked to be cared for.

People took part in many activities and staff engaged with them individually.

Comments or concerns were responded to and changes were made.

Is the service well-led?

Good

The service was well led.

The quality checks completed included people and their relatives view of the service.

The manager was accessible to staff and people and planned improvements for the service were.

Regular resident and staff meetings enabled everyone to have their say about how the home was run.

Scarlet House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14, 15 and 19 April 2016 and was unannounced. The inspection team consisted of one adult social care inspector and a specialist adviser in dementia care.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We had 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 used this information to assess how the service was performing and to ensure we addressed any potential areas of concern.

We spoke with the registered manager, deputy manager, three care staff, two nurses - one was a clinical lead and trainer, the activities lead, a chef, an administration staff member, a unit leader and the regional director and support manager. We spoke with nine people who use the service and eight relatives. We looked at information in ten care records, three recruitment records, staff training information, the duty roster and quality assurance records. We checked some procedures which included medicines and safeguarding adults. We also contacted healthcare professionals that visited the service to obtain their view of the service.

Good

Is the service safe?

Our findings

People told us they felt safe in the home. They benefited from a safe service where staff understood their safeguarding responsibilities and completed annual safeguarding training. Staff explained what they would do to safeguard people by reporting any incidents to the registered manager or the local authority safeguarding team. When people occasionally became upset, anxious or emotional staff followed what the person's care plan indicated to make them feel safe and less anxious. One example was for staff to remain a distance away from one person when they wanted their privacy. Staff were calm and understanding with people to help them feel safe.

We checked the safeguarding records and the registered manager had reported all safeguarding incidents to CQC and the local authority safeguarding team. Incidents were investigated thoroughly and relatives were informed and updated with any further action taken. Where improvements could be made to protect people staff made sure they were completed and reviewed. Referrals were made to healthcare professionals when people living with dementia needed additional support.

People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. The registered manager analysed all accidents weekly and added necessary action, for example referral to the local hospital falls team. The provider also monitored falls and asked for further explanation when required. We looked at the records held on the computer and accidents and incidents were discussed monthly at health and safety meetings.

Risk assessments were in place to support people to be as independent as possible. We found risk assessments in place for people falling, their nutrition, how to move them and for risk of skin breakdown. General health and safety risk assessments were completed for the service which included all areas and fire risk assessments. Any hazards were identified and control measures were clearly recorded. The building was new and provided a safe and well maintained home.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. The registered manager told us agency nurses were used when there had been a shortage of nurses. This had recently changed and currently there were sufficient nursing staff. There was a new deputy manager who was not included in the staffing numbers. A unit lead care staff member was not included in the staffing level numbers during weekdays. The unit leader told us there were enough staff and when they were short the registered manager would ensure additional staff were provided.

People told us there was enough staff to meet their needs. We had copies of the staff rotas and discussed the deployment of staff with the registered manager. People's dependency levels were taken into consideration to ensure each of the four units had sufficient staff. Three people living with dementia had one member of staff with them most of the time to support them with their level of anxiety. There was sometimes additional staff in the evenings and at night when people's dependency levels were higher at those times on the dementia care units. Staff told us there were occasions when they had been short staffed but they were not short now. People told us staff came in time when they rang the bell. One relative told us,

"There seems to be enough staff".
Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and good character. Three references were held for each staff member which included their most recent employer and two character references. All appropriate checks were completed and people living in the home were included in staff interviews as their opinion was valued. Staff completed a two week induction course before they started providing care for people.

There were safe medicine administration systems in place and people received their medicines when required. One person was self-medicating on one unit we checked and there was a protocol to ensure they did this safely. Storage of medicines was safe and the temperature of the storage rooms and fridges were monitored to ensure they were correct. Medicine errors were reported to the GP, investigated thoroughly and action taken to ensure safe future practice. Medicine errors had reduced as medicine administration records were checked four times daily to ensure staff had signed the record. Staff made sure people's medicines were reviewed by their GP every six months. Medicine given 'as required' had a protocol to ensure all staff made the correct decision before they administered them and they were reviewed monthly. Staff had an annual medicine administration competency check to ensure their practice was safe.

There were infection control procedures for staff to follow and they completed training to ensure they were updated with the latest guidance to prevent cross infection. Risk assessments were completed for infection control and any potential hazards identified and the likelihood assessed. We observed staff using personal protective equipment, for example plastic aprons and gloves, to promote infection control. A relative described the cleanliness of the home as "Spotless".

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. There was a detailed contingency plan which covered emergencies for example, power failure, loss of information technology and adverse weather conditions.

Good

Is the service effective?

Our findings

People were supported to make their own choices and decisions where possible. Where people lacked the capacity to make some decisions the registered manager had followed mental capacity assessment procedures and completed a best interest decision record. Staff had a good understanding about the principles of the Mental Capacity Act 2005 (MCA).

People's rights were protected because the staff acted in accordance with the Mental Capacity Act (MCA). 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.

We checked whether the service was working within the principles of the MCA and whether conditions on authorisations to deprive a person of their liberty were being met. The registered manager had identified a number of people who they believed were being deprived of their liberty. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).They had made DoLS applications to the supervisory body to formally request an assessment when for example people wanted to leave the service and were unsafe to do so. Three people were continually monitored for their safety. There were detailed best interest records which involved mental health professionals and relatives.

A person given their medicines covertly, hidden in food or drink, had a mental capacity assessment completed and a best interest record that included the family, GP and staff. The pharmacist had been consulted about the covert medicine administration. Another best interest record was in place due to the person refusing personal care when they were incontinent. A relative with Legal Power of Attorney had signed consent for care and treatment. The care plan reflected the person's needs and how staff cared for them.

People were supported by staff that had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff told us their training was up to date. The Care Certificate had just been introduced and seventeen new staff were being supported by a unit leader to complete the certificate. The Care Certificate lays down a framework of training and support which staff can receive. A clinical lead nurse trained staff and completed all mandatory training with new staff which included moving and handling, fire safety and infection control. Induction training for new staff were taking place the week we visited and staff told us the training was interesting. The trainer completed basic Dementia Awareness and MCA/DoLS training to support staff with the e-learning training on computer. External organisations provided other training for example, first aid, wound care and skin care. Staff were alerted to their next training on a notice board. Specific training was also provided for example Positive Behaviour Management training was completed by staff in December 2015 and Parkinson's disease awareness in February 2016.

People were supported by staff that had regular individual supervision meetings and appraisals. The records identified any additional training staff may need or had requested. The trainer told us they had completed supervisions and appraisals with the registered manager. The chef told us they supervised the catering staff individually and the registered manager supervised them. A team leader told us they had completed the diploma in health and social care at levels two and three and were currently working on level five. They had individual meetings with the registered manager to complete supervision where they were able to request training they wanted which was an update to their dementia care training.

People's dietary needs and preferences were recorded. The chef had an excellent understanding of people's dietary needs and kept a record of their likes and dislikes. Catering staff met people when they arrived and regularly checked they had what they wanted. When people were first admitted to the service staff recorded all their food and fluid intake for the first week to try and assess their requirements. One person living with dementia had a monthly record of their weight as they were very restless and their weight was stable. Their foods were fortified and they were encouraged to eat as and when they wished which was recorded in their food diary. Their care plans provided clear guidance for staff to care for them effectively.

The catering team had attended training on special diets for people with swallowing difficulties and knew the importance of getting it right to avoid people choking. Monthly nutritional meetings took place and the chef knew which people had weight loss and their food had been fortified with butter and cream to provide additional calories. People were referred appropriately to the dietician and speech and language therapists if staff had concerns about their wellbeing. The provider had a booklet for people called 'Eating as we age' with information about special diets and fortified food. The chef had recently been interviewed on local radio in Gloucestershire talking about nutrition.

There was a variety of choice on the menu to include vegetarian food. People were usually offered choices at point of service for each meal. We observed people being asked about their supper choices and being assisted with their meals. People engaged with each other and staff during meal times in the dining room and there was calm and relaxed atmosphere. People had a choice of drinks including wine and fruit juices. A person told us the staff offered them a choice of food for each meal and they always had a "nice breakfast". One person told us, "It's excellent here the staff are patient and the food is lovely". A relative said, "We can make coffee or chocolate to drink in the café at any time". The chef told us there is always food available and cupboards on each unit contained snacks, bread for toast, soup, baked beans, biscuits and fruit. Yoghurts and smoothies were also available in the kitchen fridges. Cakes and biscuits were provided in the café daily.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. Care records were held electronically, however care plans and risk assessments could be printed so staff had easy access to read them. A person with a diagnosis of dementia had a pre admission assessment completed. Their mental capacity assessment was completed after admission. The registered manager had made a DoLS application as the person had an individual member of staff with them all day due to their anxiety and behaviours that may challenge other people accommodated. The care plan outlined how the person was reassured and given time to express themselves and their needs. There was a history of previous mental health support and unsafe activity before they were admitted.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People told us they were happy with the care they received. They said, "Staff are very nice", "Staff are very kind and I am treated with respect", "Staff are kind and have never been kinder" and "They [staff] are very helpful". One person told us, "I recommend it here". People had a 'This is me' record that described what was important to them which enabled staff to know details about their life and understand what interested them most. Relatives told us the staff were "Lovely", "Always cheerful", "Excellent here, staff are patient" and "Staff laugh with people".

There was a garden room on the ground floor which overlooked the secure gardens where people were free to walk and enjoy the raised flower beds. In addition to the lounge and dining rooms there were various small areas around the home where people relaxed, read newspapers and books or had a quiet time alone. The café in the front of the home was a really positive and enjoyable space. It was a very popular place to meet. Relatives visited the café and brought the person they were visiting to the café. Staff were encouraged to bring people to the café at all times of the day and evening. It was well used and innovative in approach.

We observed all staff speaking to people and their relatives in a friendly and welcoming manner. A healthcare professional that visited regularly told us they had never heard staff raise their voices or speak to people without respect. Staff were engaged with people showing kindness and consideration. When people living with dementia called out staff were patient and understanding with them. Staff provided care with compassion. One relative told us the staff were open and honest and were keen to improve people's experience when they made suggestions.

People and their relatives were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists. One person was supported with their end of life care. They were opposite the nurse's station so staff could easily observe how they were. Their care plan contained information and recent changes to their care where pain control was required. There was clear guidance for staff and frequent reviews of the persons increasing personal care needs. Anticipatory pain control medication was in place for the person's when they required it. The palliative care team were fully involved in the person's care and were consulted as necessary. Individual care during the day was provided to help reduce the person's anxiety. The risk of a seizure was identified and staff had a protocol to follow when required. The service had epilepsy best practice guidelines for staff to follow.

Staff without English as their first language had adequate language skills although sometimes the registered manager told us their responses to people may not appear as caring as others. The registered manager had used a language training course to improve their English and two staff had started their language training.

Good

Is the service responsive?

Our findings

Care, treatment and support plans were personalised. The examples seen were thorough and identified people's needs and choices. An example was a personal hygiene care plan which gave good guidance for staff about the person's preferences. One person told us they didn't like showers but were helped to use a bath. One relative told us it was sometimes difficult to leave the person who was living with dementia but staff were, "Intuitive and intelligent and made it a smooth process". The relative told us staff provided individual care and support for a long time to ensure the person was less anxious. Another relative told us, "I can't fault any staff they respond quickly when necessary".

Nurses had completed two wound care plans with a lot of detail and there had been support from a skin care specialist. Photographs of the wounds were regularly taken to assess progress and wound swabs were sent to identify any infection present. The size and evaluation of the wounds were recorded. People's change of position records and their fluid charts we looked at were complete. Staff told us individual fluid intake records were kept together to enable peoples progress to be monitored.

People's needs were reviewed regularly and as required. Where necessary health and social care professionals were involved. An example of this was where one person had regular three monthly visits from a diabetic specialist nurse to constantly monitor their diabetes and medicine. The diabetes dietician had also been supportive. The health professional told us staff followed their instructions and maintained a clear record of blood glucose results for review. Another person had their diabetic medicine at night when they preferred to eat and staff checked their blood glucose throughout the day to ensure they were well. A relative told us the person was assessed in their own home before they were admitted. They said they were reassured staff checked the person hourly during the night and medicine to help them sleep had been reduced.

A person living with Alzheimer's disease had a record of what might trigger their anxiety to help staff support them. Staff told us they had received training specific to the person's needs and they were much calmer now. We observed they were calm and settled and staff knew what support the person needed. Pain was one of the triggers for the person's anxiety. Their care plans provided evidence that staff monitored the pain and were responsive in controlling the pain. The non-verbal signs to indicate the person had pain were recorded. The community mental health team were involved in their care and they commented the service sought their advice and always followed it. One relative told us the service was good at calling healthcare professionals when needed and the staffs ability to distract people who were anxious had improved.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. A staff member told us all staff attended handover between shifts and senior care staff help organise the staff on each shift to ensure people were well supported. Detailed handover information was recorded for each person and staff completed what actions needed to be followed up for consistency of care. The staff we spoke with were aware of people's needs and how to care for them. They told us people living with dementia were not cared for by new agency staff to avoid increasing their anxiety.

Most people were able to choose what activities they took part in and suggest other activities they liked. In addition to group activities people were able to maintain hobbies and interests, staff provided support as required. Four staff had completed the training to improve the level of exercise for people. The weekly activities programme given to everyone individually included a knit and natter club , baking, arm chair exercises, quizzes, a film afternoon in the homes cinema, art sessions, walks in the garden and attending the Sunday church service locally. The programme told people where the activity was taking place or that staff would come to them. People told us they joined in with activities, liked visiting the café, doing exercise classes and listening to talking books. One person told us they didn't know what film was on in the cinema and the programme did not tell them. The registered manager agreed to improve the information about films. The activity organiser told us they spend a lot of time individually with people that don't want to join in with group activities.

The team leader for activities told us the programme of activities varied from week to week but people liked some stability. Meetings were held to give people the opportunity to tell the activity leader what activities they wanted. There was a team of four activity staff and one volunteer. One of the activity staff worked until 8pm three days a week and provided quality individual activity for one person who preferred their care and support from a male member of staff.

The service had good links with the local community. A unit lead told us trips out were organised and four staff were able to drive the home's minibus. The activity leader told us, "We are heavily involved with local community. I implemented a Gentleman's Luncheon Club which we have now moved to a local pub as it has grown. Now gentlemen from the care home opposite the pub attend, as well as from the local community". The club operated fortnightly. There were also links with local schools where they visited the service and people went to the school. The school invited people to visit and see the project they had worked on and to have afternoon tea with them. A local artist also visited the service and it was hoped the school children would become involved with people's art.

The activity team leader had an NVQ in provision of activities and had been on radio Gloucestershire talking about the activities they provided there. Currently the theme of activities was for the Queen's birthday and St George's day. They told us the activities team had some dementia care training and were keen to complete more. They told us the registered manager was supportive and they were able to have what they needed to provide activities for people.
The provider Care UK had produced booklets available to people, visitors and staff with regards to 'Activity Based Care', 'Communication' and 'Eating as we Age'.

One person's care plan recorded a planned outcome of maintaining the person's interests and to provide occupation. The staff had talked to the person about the horses they loved in a photo album. There was insufficient information to guide the agency staff when they provided individual care for the person. The agency staff told us they were trained in dementia care and supported the person to the café on the ground floor but knew they would not be safe going outside the home.

We observed the person mobilising around the unit for most of the time and they always had a member of staff to support them. Staff spoke to them as they passed and were kind and attentive when the person spoke to them. We did not see any meaningful occupation take place. Their bedroom was personalised with many photographs and photo albums to look at. There were also books about horses and pictures of their horses.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been 20 complaints recorded in the previous 12 months. The complaint records informed us they had

been thoroughly investigated and people and their relatives were satisfied with the outcomes. One person told us any concerns they raised were taken seriously by the staff.
We looked at many complimentary card and letters where people had returned several times for respite care.

Good

Is the service well-led?

Our findings

The registered manager valued the feedback from people and staff and acted on their suggestions. Meetings were held with staff, heads of department, people and their relatives. Staff spoke positively about the leadership in the home. Discussions with staff, the registered manager and observations indicated the service was well led. The registered manager had completed leadership training. The registered manager had a good understanding of all the people there and a clear vision for the future pathway of the service. She had managed to build slowly from when the service opened and there was almost full occupancy. There were systems in place to monitor the effectiveness of the care provided and staff felt the registered manager was both approachable and fair. A healthcare professional told us there was no sense of issues being "Brushed under the carpet"

Quality assurance systems were in place to monitor the quality of the service being delivered and the running of the home. The registered manager showed us the new computerised system where all information regarding peoples care needs was recorded. Care plans were audited regularly and weekly information alerted the registered manager when a care plan had not been reviewed. There was a 'Resident of the day' in each unit where their care plan was reviewed with them and other heads of department to include the chef. In March 2016 the service had improved for people who had requested Chinese take-away and more snacks in the evening.

Each month a different audit was completed to include the following, health and safety, medicines, documentation, infection control, nutrition, DoLS and MCA, activities and skin care. Medicine audits were six monthly and infection control two monthly. We looked at the medicine audits in February 2016 for each unit and all actions were completed within a month. Eight actions had been discussed with team leaders during their supervision. An example of an action completed was the provision of locked storage for people that self-medicated. Maintenance checks had been completed and equipment was serviced as required. Moving and handing slings were colour coded for different hoists to ensure safe practice.

Staff developments were completed and were reviewed at mid-year and end of the year. The developments were job specific and the example we looked at for one staff member had four developments for them to complete which included finding out about the Key Lines Of Enquiry (KLOE's) used by CQC to assess and monitor services.

A two monthly staff meeting was held in March 2016 and there were three different times throughout the day when staff could attend. A total of 45 staff attended. Topics discussed included, the new dementia strategy, CQC improvement plan, team building, activities and results of the resident and relative's survey. The minutes were available for all staff afterwards to remind them of actions required. A team leader told us they were included in 'Head of units' meetings as they were the new lead for the unit just opened. They said the registered manager was very supportive.

A relative told us the relatives meetings worked well and they had no complaints about the service. They also told us the registered manager and the customer relations manager were usually around to speak to.

Another relative told us the home kept them informed and they had been to a relatives meeting. They said the service had provided them with dementia awareness training and they were booked to complete stroke awareness training. Minutes of a quarterly residents meeting on one of the four units in January recorded 15 people and relatives attended. The registered manager told us all the suggestions made by people or their families had been addressed which included providing a raised toilet seat and handrail in the toilet near the cinema. One person told us the registered manager came to see them sometimes. They said they had completed a survey but were unsure if change happened. Another person told us the registered manager was, "Lovely I can see her whenever I like". They had attended a resident meeting and made comments and felt they were listed to.

The regional director and the regional support manager representing the provider visited every two months and told us during our inspection they checked the registered manager's monthly audits. They also spoke with staff and residents. The record of their Quality Outcome Review, which covered two or three days, had a clear action plan where improvements indicated who would complete them and by when. Medicine improvements had been completed in the April review.

The service improvement plan (SIP) had a date for completion and actual date action was completed. Plans for the future included providing staff with additional face to face training to support their computer e-learning training and improving the presentation of soft diets for people. Two staff from any level at the service regionally represented Scarlet House at 'Colleagues Voices' meetings in Care UK.

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. There was a suggestion box in the entrance hall and one example was people had noticed the fruit bowl was missing from the café and a full fruit bowl was placed there. The provider's annual survey to assess the quality of the service was completed in July 2015 by people and their friends or relatives. There was a 82% return of completed surveys and 91% of people and their relatives were happy with the care provided and how the service communicated with them. Improvements included using a press stud to name peoples clothes to prevent them going missing, which had been very successful and hand ironing some items of clothing. A relative told us there had been lots of improvements and any suggestions they made were well responded to by the registered manager. An example was uncomfortable seating had been changed. One relative told us they asked to see a care plan and staff printed if for them to see.

There was a food survey completed by people every six months and the registered manager had addressed the latest issues raised which included ensuring plates were warmed and certain foods were taken off the menu. The registered manager told us the menus had changed ten time since they opened the service 18 months ago. The chef told us they held regular catering meetings and the food budget was good with no problems if additional equipment was needed.

The relatives satisfaction survey completed by the provider and based on telephone interviews from May to September 2015 recorded an overall satisfaction of 93%. One of the strengths identified was activities and a weakness was variety of food provided which had been subsequently addressed at residents meetings and changes to the menus. Relatives commented, 'They went to Weston-Super-Mare and also a canal boat ride that was a lovely surprise', 'I think it's the food dad likes I have eaten there myself and its tasty food' and 'If anyone would like something [food] different they are quite happy to make it'.

The Carehomes UK internet site rated Scarlet House 9.7 out of 10 for quality using 36 comments from people and their families since the home opened in September 2014. People could write and on a postcard and send the Carehomes website or add a comment on the internet web page. Comments included, 'My husband was treated with courtesy and well looked after by cheerful staff', 'The staff and nurses were very

polite and friendly nothing was too much trouble for them', 'Whether it's the managers or the house keepers everyone is focused on the wellbeing of the residents. They provide a high standard of care in a happy environment' and 'Management and staff are wonderful and make a real effort to make Scarlet House a lovely, cheerful and happy place'.