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Pollard 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

Pollard House is an adapted Victorian building located approximately one mile from Bradford city centre. It provides accommodation and personal care for up to 28 older people, including people living with dementia. There is one double bedroom, the remainder are single bedrooms and some have en-suite toilet facilities. There is a passenger lift to all four floors. The service has a small enclosed garden to the front of the property. At the time of the inspection 21 people were living at the home.

At the last comprehensive inspection in December 2015, the service was rated 'Good' overall, with the safe domain rated 'Required Improvement' due to concerns with medicines management. We returned to the service in November 2015 and found improvements had been to the medicines management system.

At this inspection we found the improvements had been sustained and rated the service as 'Good' overall and in each of the five domains.

Why the service is rated Good:

People told us they felt safe and secure living in the home. Staff understood people well and how to keep them safe. Risk assessments were in place which provided detailed information to staff on how to maintain people's safety.

Medicines were managed safely and overall, people received their medicines as prescribed. Good checking and auditing systems were in place to highlight any discrepancies with the medicines management system.

There were sufficient staff deployed to ensure people were provided with prompt care and support. Staff responding quickly to people's requests for assistance. Safe recruitment procedures were in place to ensure staff were of suitable character to work with vulnerable people.

Staff were provided with regular training and support to ensure they were able to care for people effectively. People spoke positively about staff and the support they received. Staff demonstrated a good knowledge of the people and topics we asked them about.

People's consent was gained before care and support was provided. The service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS.People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People had access to a range of suitably nutritious food. People's nutrition was closely monitored and action taken to investigate any weight loss. The service liaised well with external healthcare professionals over people's healthcare needs.

The service was very caring. People were treated with a high level of dignity and respect by both staff and the management team. Good, caring relationships had been developed and staff and the registered manager knew people well. There was a positive, inclusive and person centred culture within the home.

People's care needs were assessed and detailed plans of care put in place which were amended when people's needs changed. People, visitors and healthcare professionals said care needs were met by the service. People had access to a range of activities and opportunities and their social care needs were met by the service.

Staff and the registered manager listened to people and ensured any complaints or concerns were investigated. People and staff spoke positively about the way the service was managed and said the registered manager was friendly and approachable.

A range of audits and checks were undertaken and the service was committed to continuous improvement. People's feedback was regularly sought and used to make positive changes to the service.

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 consistently safe.

Overall, improvements to the medicines management system at the previous inspection had been maintained. Robust checking and auditing of medicines was in place.

Risks to people's health and safety were assessed and clear and detailed risk assessments put in place. People said they felt safe and secure in the home.

There were enough staff to ensure people received prompt care and support. Robust recruitment procedures were in place.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Pollard 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 19 July 2017. The inspection was carried out by one adult social care 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.

Before the inspection we reviewed the information we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams. We asked the provider to complete 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. This was returned to us in a prompt manner.

We spent time observing care in the lounges and dining rooms and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us. We looked around some areas of the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included two people's care records, staff recruitment records and records relating to the management of the service.

We spoke with seven people who used the service, two visitors, two volunteers, three care workers, the cook, a senior care worker, the deputy manager and registered manager. We also received feedback from five health professionals who work with the service.

Good

Is the service safe?

Our findings

People told us they felt safe and secure living in the home. One person said, "Yes it is [safe], you know when you are in a safe place." Another person said, "Yes I have been here a long time, I feel secure." A third person said, "Safe, yes, I have problems with my sight and staff look after me." Staff told us they were confident people were safe living in the home and raised no concerns with us. The registered manager had attended the 'safeguarding training for managers' course run by the local authority and staff had also received training in safeguarding vulnerable adults. Safeguarding procedures were in place which were understood by staff. Following safeguarding incidents we found appropriate referrals had been made to the local authority and thorough investigations had been undertaken by the registered manager and measures put in place to protect people from harm and to prevent any re-occurrence. For example, following an altercation between people living at the service, care plans and medication had been reviewed and the advice of external professionals sought to help keep both people safe.

Risks to people's health and safety were assessed and clear and detailed risk assessment documents produced. For example, one person was assessed as being at high risk of developing pressure sores. A very detailed plan of care had been put in place outlining the risks, the equipment in place and what staff needed to do to help keep the person safe. Risk assessments were subject to regular review and covered a comprehensive range of areas including, nutrition, falls, behaviours that challenged and mobility. Staff we spoke with had a good understanding of the people they were caring for and the risks associated with their care. For example, around the consistency of food and drink needed for people with swallowing difficulties to keep them safe. We observed manual handling and found staff handled people safely and confidently. We saw some people went into the garden frequently to have a cigarette. We saw staff lighting people's cigarettes for them and escorting them to a safe place before leaving them. When they had finished their cigarette staff were on hand to let them back into the building in a timely manner. Staff were very watchful of the external doors being closed properly and that people were kept safe.

Accidents and incidents were recorded and thoroughly investigated. We saw evidence that actions were taken following incidents such as falls. For example, referral to health professionals and sourcing equipment such as crash mats.

Safe staffing levels were maintained to help ensure people's safety. People who used the service and staff told us that staffing levels were suitable and that people didn't have to wait long periods for care and support. One person said "I haven't had any problems, staff are always here" and another said "Certainly always enough staff If I have to ask for something i.e., a glass of water, it's always there." A visitor said, "There seems to be [enough staff], whenever I press the door bells someone always answers the door to let me in." Usual staffing levels were four care workers in the morning, three in the afternoon and two in the evening, supported by a senior care worker. At night two care workers were on duty which including a senior care worker. Staff told us these levels were consistently maintained. During observations of care and support, we saw there were enough staff to ensure people received timely care and support and regular checks on peoples safety were made.

We reviewed staff files and found safe recruitment procedures were in place to ensure new staff were of suitable character to work with vulnerable people. New staff were required to complete an application form and attend an interview. Successful candidates had to await the results of references and a Disclosure and Baring Service (DBS) check before starting work. New staff confirmed the required checks had been carried out in line with the providers recruitment policy.

We identified the décor in some areas of the building was tired and would benefit from re-decoration, however, we found the premises was safely managed and suitable for its intended purpose. The premises had a homely feel with personal possessions encouraged in bedroom areas. People had access to a range of communal areas including three lounge areas and a pleasant enclosed garden. Access control was in place to prevent access to hazardous areas such as the kitchen. Checks were undertaken on the building to help ensure it was safe. These included checks of the water, gas and electric systems. Safety features were installed in the building which included window restrictors to reduce the risk of falls from windows and radiator guards to protect from the risk of scalding. A fire risk assessment was in place and staff had received training in how to evacuate the building in the event of a fire. Clear personal evacuation plans were in place which provided staff with guidance on how to do this for each person. We did note that on the top floor landing there was an old mattresses, a walking frame and a large red donation bin stored close to the escape route. We raised this with the registered manager to ensure action was taken to promptly remove these items.

The service had achieved a five star rating from the Food Standards Agency. This is the highest rating that can be awarded and showed that food was prepared in a hygienic environment. We found the building to be clean and free from odour. Infection control procedures were in place and staff had access to personal protective equipment (PPE). People praised the hygiene of the service and said the building was always kept clean.

Overall, medicines were safely managed. Staff received training in medicines management and competency assessments were in the process of being completed by the registered manager. People who used the service had clear medicine profiles in place assessing the level of support they needed which provided staff with guidance on how to do this safely. People told us they got their medicines in a timely and consistent manner. We looked at a selection of Medicine Administration Records (MARs) and saw these were well completed indicating people had received their medicines as prescribed. Medicines were stored securely within a locked cabinet or fridge. Arrangements were in place for the safe storage and administration of controlled drugs. Some medicines had to be given at specific times such as before food or at weekly intervals. We saw arrangements were in place to ensure people received these medicines as prescribed. Where people were prescribed 'as required' medicines protocols were in place to support their safe and consistent administration. Some people were prescribed topical medicines such as creams. Overall we saw records of their application were well completed. When staff had not signed the MARs to confirm medicines had been administered the management had promptly followed up with the staff involved.

Detailed and thorough medicine audits were undertaken. The deputy manager undertook an extra shift each week purely to examine the medicines management system. These checks included a full audit of medicines and stock balances. We found these audits had identified a number of discrepancies in stock balances in recent weeks. The registered manager had increased the frequency of these audits and introduced new paperwork to combat this, holding individual staff members to account. We felt assured that these systems would help further reduce the number of discrepancies found.

Good

Is the service effective?

Our findings

Overall, people were very positive about staff and their skills and knowledge. One person said "They seem to be well trained" and a visitor said "Staff know how to look after her, she is happy here." Staff received a range of training. They spoke positively about the training they received and said it gave them the right skills and knowledge they needed to undertake the role. New staff received a thorough induction which involved an induction to the service's ways of working, a period shadowing experienced staff and a range of induction training which included moving and handling. Staff new to care completed the Care Certificate. This is a government recognised scheme which provides the necessary training to equip people new to care with the necessary skills to provide effective care and support.

Staff received regular training updates in topics such as medicines, care of people living with dementia, moving and handling, equality and diversity and safeguarding. This was provided face to face by external training providers. We looked at training records which showed training was kept up-to-date. Staff also worked with external health professionals to provide specialist training in areas such as end of life, diabetes and pressure ulcer prevention to help ensure they had the specific skills needed to care for people living in the home. A visiting health professional who had provided staff with specialist training spoke positively about the service and said, "The staff were extremely enthusiastic as was the home manager."

Staff were supported to develop and achieve further qualifications in care such as National Vocational Qualifications (NVQ's). Staff told us they felt well supported by the management team. They told us they received regular support through supervision, appraisals and staff meetings. We found some annual appraisals were overdue but a plan was in place to address this shortfall.

People told us they thought the food was either good or reasonable. One person said, "I more or less get what I like" and another said "Very, very good meals the choice is good." People had access to an acceptable range of food which and menus had been developed in consultation with people who used the service. For example, at breakfast people had access to a range of hot and cold options. The main meal was served at lunchtime and there was a four weekly menu in place. Although there was only one main meal available at lunchtime, if people did not like this, the cook told us they would prepare an alternative. Fresh cakes were provided throughout the day and people had access to fruit. In the evening a range of light options were provided.

Although most people spoke positively about the food, one person said they didn't provide them with a sufficient choice of diabetic desserts. They said "I am a diabetic and I don't like bread and butter pudding and I am fed up with fruit." We spoke with the cook who told us most days they provided diabetic desserts and showed us the options available. We raised these comments with the registered manager to look into further.

We observed care and support and saw people were provided with appropriate assistance at mealtimes and supported to keep hydrated with regular drinks throughout the day. The food looked hot and appetising and people who required no assistance tucked into it straight away, clearly enjoying it. People were offered

a choice of drinks and these were filled up when required. We observed staff being attentive to people when putting on aprons and prompting people who were falling asleep. We saw people who required assistance were helped in a kind and considerate manner. For example, staff assisted one person carefully spoonful by spoonful, explaining what was on the spoon before offering it to them. They provided a drink in between spoonful's and talked to the person throughout.

People's weights were monitored and where weight loss had been identified appropriate measures had been put in place to address this including referrals to GP/dietician and providing extra and/or fortified food. Some people were also given powdered milkshakes to provide additional nutrition. We spoke with the registered manager about how fresh milkshakes may also appeal to a greater range of people whilst providing extra calories. Where nutritional supplements were prescribed these were given consistently by staff. Dietary needs folders provided information about people's dietary likes, dislikes and any specific needs around consistency of food and drink. Staff we spoke with had a good understanding of people's individual needs in these areas, giving us assurance that effective care was provided.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The service was acting within the Mental Capacity Act. People's capacity to consent to their care and support arrangements was assessed. Where people lacked capacity and it had been assessed that the accumulation of restrictions amounted to a deprivation of liberty, appropriate DoLS applications had been made. There were no authorised DoLS currently in place with all applications awaiting assessment by the local authority.

People were asked consent before care and support was provided. Where people lacked capacity best interest decisions had been made involving families and healthcare professionals. We saw clear best interest processes had been followed, for example, for two people that were being supported to take their medicines covertly (hidden). Capacity assessments covered other areas such as personal care and if any important decisions needed to be made. Staff and the management had received training in the Mental Capacity Act. Our discussions with staff, the management and our review of documentation showed the service was acting within the legal requirements of the Act.

The service worked well with a range of healthcare professionals to help ensure people's needs were met. People told us they had access to a range of professionals. One person said, "Oh yes I can see them. I see the doctor he comes in regularly. I saw the dentist three or four months ago." Healthcare professionals all spoke positively about the service and the registered manager. They said staff contacted them appropriately and followed their advice. One professional said, "Always willing to accept advice." We saw healthcare professional advice was clearly recorded and used to make updates to plans of care. Staff were knowledgeable about people's healthcare needs. This provided us with assurance that people's healthcare needs were met by the service.

Good

Is the service caring?

Our findings

People told us staff were very caring and treated them with a high level of dignity and respect. One person said, "They are always polite you can have a laugh with them" and another said "Yes they are very good." People said their dignity was upheld and privacy respected by staff. One person said, "Yes they do they always knock on my door. They respect me, always ask. Personal care is done in private." Another person said, "I had a personal problem in the toilet and they came to help me. It was no problem they sorted it out without any fuss. They are very good." A visitor said, "Everything is done correctly when I visit, they give us privacy." A volunteer said, "When I come and see her, staff have always treated her well. They speak to people nicely."

Healthcare professionals we spoke with were very positive about the caring nature of the staff. One professional said, "I have found the carers to be very friendly and supportive both towards myself and towards service users and residents. I have found them to place the service user at the centre of attention whenever I have had opportunity to observe them."

We observed care and support using the Short Observational Framework for Inspection (SOFI). Our observations of care and support showed a service and staff team that genuinely cared about people and their welfare. Staff consistently interacted in a positive manner with people demonstrating a high level of dignity and respect. Staff were warm and friendly towards people, regularly checking on their welfare and using a good mixture of verbal and non-verbal communication techniques to provide people with comfort and interaction. Staff knelt down to communicate with people so they were on the same level, maintained eye contact and patiently listened to people. Throughout the day of our visit we observed staff including people in conversations, going out of their way to speak to people individually, encouraging them all the time. For example, one staff member said "Good morning [name] are you ready for your medication." Staff went through their medication item by item explaining what everything was for before encouraging them to take it. We observed staff asking people if they slept well and discussing about how hot it was in the night. There was a person centred approach to care and support with people receiving support with medication, and meals at times which suited them.

Good, caring relationships had developed between people and staff. Information on people's likes and preferences had been sought by the service and care plans reflected this information as well as information about people's past lives. This helped staff understand the people they were caring for. People told us staff knew their likes and preferences. Staff demonstrated a very good knowledge of the people they were caring for any many of the staff had worked at the service for several years which allowed good positive relationships to develop. Visitors were welcome to the service any time and people were encouraged to see their families.

Staff or the registered manager supported people to hospital and other appointments free of charge. The registered manager had purchased a mobility car for the service to ensure that people could be taken to and from hospital without having to wait for a taxi. This helped reduce the time people spent away from the home and made the process less stressful. This showed the service truly cared about people.

Religion or belief is one of the protected characteristics set out in the Equalities Act 2010. Other protected characteristics are age, disability, gender, gender reassignment, marital status, pregnancy and maternity status and race. We saw the service was acting within the Equality Act and for example, made arrangements to support people meet their spiritual needs. We saw no evidence to suggest anyone who used the service was discriminated against and no one told us anything to contradict this.

The manager and staff told us that when people approached the end of their lives, extra staff were able to to be deployed to ensure people had comfort and companionship. People had 'end of life books' in place which demonstrated they had been asked about their preferences and to ensure staff continued to meet their needs. Prior to the inspection, we received some positive feedback about the end of life experience in the home. The feedback stated that the person was able to spend their last days "So well looked after by staff." It went on to say they couldn't thank the service enough for the "Love and respect" showed towards their relative. A visitor also said, "When people pass away they are so supportive to relatives."

We saw people were listened to by staff. Staff took the time to listen to people's responses to questions and took action to act on what they said. For example, in relation to what they wanted to do or where they wanted to sit. We saw one person had come into the dining room at lunch time in their nightwear. Staff showed them to their table and asked them what they would like to drink, respecting their choice to have their lunch in their dressing gown. We saw the registered manager went around the home, chatting to people and asking them how they were, patiently listening to their responses. More formal mechanisms were in place to listen to people including residents meetings, annual surveys and annual care reviews involving people and/or their relatives.

Good

Is the service responsive?

Our findings

We found care was appropriate and personalised. People we spoke with said good care was provided which met their individual needs.

Healthcare professionals also provided very good feedback about the standard of care provided at the home. We received the following comments; "The residents are so well looked after I would recommend Pollard House to anyone." "The care I see at Pollard House is always reassuringly good. It may not have expensive, modern surroundings but it more than makes up for this in the care it provides. Whenever I have had medication alterations, dressing provisions or other issues the staff have always been quick to respond and understanding." "I recently had a couple of situations where people living locally in the community had been socially isolated and made the referral to Pollard House to consider some social inclusion. On both occasions both the manager and carers were agreeable to provide introductory support to enable the service user to settle in and get a feel of the service before determining a longer term objective."

When people's needs changed or their health deteriorated we saw this was quickly identified by staff and action was taken including speaking with healthcare professionals and ordering of equipment. We saw people who had skin integrity problems or were at high risk of developing pressure sores specialist equipment in place and this was being used correctly in line with plans of care. Some people required regular repositioning to heal or reduce the risk of pressure sores. Records demonstrated this was being done regularly in line with plans of care.

People's needs were assessed in a range of areas prior to admission. This led to the development of clear and detailed plans of care. Care plans covered a comprehensive range of areas, including personal care, behaviours which challenged and social activities. Care records included a 'pen picture' which summarised people's care and support needs in a range of areas for quick staff reference. Care plans were reviewed and audited monthly, which reviewed any contact with healthcare professionals, their daily routines, and any incidents or accidents in order to determine whether changes were required to care and support plans. Monthly care plan reviews were currently slightly overdue. We spoke with the registered manager about this who was aware and said the reviews would promptly completed. People's received a comprehensive annual review of their care and support involving themselves and their relatives.

Care plans contained detailed information on people's likes and preferences. People's spiritual needs had been assessed and measures put in place for them to be met. For example, arrangements had been made for religious clergy to visit one person in the home on a regular basis.

Most people told us there was enough to do in the home. One person said, "There is enough for me to do. I listen to music, watch television and have a couple of drinks." Another person told us that they liked to make model aeroplanes. They said, "I build model aeroplanes here in my room they [staff] encourage me." Another person said, "[Registered Manager] has taken me out to the village where I used to live. I can see people I know and he takes me to the pub for a pint." An activities co-ordinator had been in place who worked five days a week, but had left at short notice, two days before the inspection. The registered

manager told us that they were in the process of recruiting a new co-ordinator and were undertaken interviews later that week. Although this meant on the day of the inspection, there were a lack of planned activities available to people, we found the service was acting rapidly to cover this shortfall. We saw a number of activities had recently taken place which included trips out into the community, for example to coffee shops, supermarkets and Bradford city centre. People had also been working on a large arts and crafts projects in one of the spare rooms in the home and played games including darts and dominos. The registered manager also accompanied people out and provided companionship. During the inspection we saw staff and the management chatting with people and spending time with them.

People all said that the registered manager and staff were approachable and they felt able to raise any issues or concerns with them. Information on how to complain was displayed thorough the premises and in the service user guide in people's rooms. Most people said they didn't have cause to complain. One person told us they had a minor problem with another resident. They said, "I didn't think I was going to be listened to but I was pleased with the way it was handled." This showed their complaint was appropriately dealt with. One person raised a suggestion that the service should designate one of the lounges as a quiet area without any television to enable people to relax in a quieter environment. We passed this suggestion onto the registered manager. We saw action had been taken to investigate complaints, and respond to them in a timely manner. This included close liaison with people's families. For example, we saw the registered manager had taken positive action to resolve a recent complaint and ensure that a person's missing personal possession was replaced. We saw a low number of complaints had been received about the service with no concerning themes or trends.

Good

Is the service well-led?

Our findings

A registered manager was in place. We found the service had notified the Commission of all required notifications such as safeguarding incidents and expected deaths.

We received consistently positive feedback about the service from people, relatives, staff and healthcare professionals. One person who used the service told us, "I have everything I need" and a visitor said "She is happy here there is nothing to improve for her."

People who used the service spoke very positively about the manager and the way the service was led. One person said, "Yes I do [know the manager]. He is a hands on person not one of those people you never see. He knows me." Another person said, "Yes they run it well." We observed throughout the day that people spoke about the manager with admiration and respect and felt they could approach them with any concerns.

Healthcare professionals spoke positively about the overall quality of the service and how it was run. One professional told us, "The manager knows his residents well and is receptive to his staff if they show concern about a resident." Another professional said, "Everything about Pollard House is brilliant. It's a warm, welcoming place. The Manager and all his staff are so kind and caring," and a third said "I have always found the manager, very approachable, polite and understanding. He has often attempted to accommodate situations and provide support when the issues have been difficult or complex."

Staff all said they enjoyed working at the service, it was friendly and person centred and they would be happy for their own relatives to live in the home. Staff said they felt well supported by the registered manager. One staff member said, "Very wonderful boss, very supportive" and another said, "Brilliant, very approachable."

Systems to assess, monitor and improve the quality of the service were in place. People's care and support needs and care files were audited and reviewed on a monthly basis to help identify any areas that required amending. These were slightly overdue but we had confidence this would be addressed by the registered manager. Audits took place in other areas including medicines, maintenance, cleaning and infection control. When areas for improvement were identified action plans were produced and worked through. Call bell response times were also monitored to help identify if there were times when people were not receiving prompt responses from staff. Any areas of concern identified through audits, such as with the medicine management system were discussed with staff at senior care worker meetings, staff team meetings or through individual staff supervision sessions.

Accident and incidents were analysed at the end of each month to look for any themes of trends. This included a detailed report by the registered manager reflecting on events in the service and any measures needed to improve safety. We saw a low number of incidents had been reported with no concerning themes or trends.

The registered manager had clear plans in place to further improve the service. These included changes to the training provision, further audits and improvements to the environment. The registered manager demonstrated a passion to providing a high quality service based on continually improvement and was very receptive to the feedback we gave and minor areas for improvement.

People's views were regularly sought and used to measure performance and make improvements to the service. Surveys had been sent out in 2016 and the responses were posted on a notice board. These showed that people were very happy with the service with 85% of respondents describing the service as 'excellent' and 15% as 'very good'. The 2017 surveys had recently been sent out and the responses were being collated. These asked people about the standard of care staff, along with a specific page about the food. The registered manager said any negative comments would be used to improve the quantify of care. Resident meetings were periodically held and people also provided feedback on an individual basis which the registered manager said had been more beneficial.