

Embrace (South West) Limited

Dunollie Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an announced visit to this service on the 2 March 2016 and followed this with an unannounced comprehensive inspection of this service on 25 February 2016. At our last inspection on 22 October 2015 we saw that the provider was meeting regulations.

Dunollie Nursing Home is a 58 bedded nursing home. The service is located in the South Cliff area of Scarborough. It provides nursing care for up to 50 older people who may have a dementia or physical disability in an adapted and extended building and personal care and support for another eight people in a separate detached building. On the day of our inspection there were 47 people using the service.

We found that the service was not always safe. Prior to this inspection we had received information from the local authority about a person receiving a serious injury accidentally. We had attended meetings with the local authority relating to this person. We were also made aware of a second person receiving a similar injury accidentally. However, it was apparent that following the first accident the provider had not ensured that the risks of scalds was assessed and no measures put in place to prevent further injuries. We made an announced visit on 2 February 2016 to begin looking at the circumstances of the second incident to decide whether or not it could have been prevented or whether we need to take further action before continuing our unannounced inspection on 25 February 2016..

People had not worked within their competency or had the skills required to deal with the incidents of scalds. The manager had since made sure that staff received up to date first aid training.

This was a breach of Regulation 12 Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had only put systems in place to mitigate the risks to people following the second incident of scalding which meant they had not monitored the risk following the first incident. They had not put measures in place to prevent any further incidents The provider had not provided transitional support during the manager's probationary period to assess and monitor the risks to people's health and safety.

One incident had not been notified to the local authority immediately and CQC were not notified about the first incident for four months. This was a breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the second day of inspection on 25 February 2016 we found that staff were recruited safely and staffing levels were sufficient to meet people's needs. When we looked at rotas we saw that staffing had remained at the same levels over time. We observed and staff confirmed that they were not rushed.

Medicines were managed safely. They had been audited by the service and a pharmacy check had been carried out. Actions identified by the pharmacist were completed.

Staff were supported by the manager and senior staff in supervision and through staff meetings. When they started work at the service they had an induction and training was carried out in a variety of ways.

There was a choice of food which was served in dining rooms or on trays in people's rooms. Food looked appetising and people told us they enjoyed their meals. We saw that where people were at risk of malnutrition they were referred to a dietician.

We observed many positive interactions between staff and people who used the service. Staff spoke to people with respect and treated people in a dignified manner. People were encouraged to maintain their relationships outside of the service. The staff were working within the principles of the Mental Capacity Act 2005. We saw staff sought consent from people throughout the day and saw that the registered manager had made applications for authorisation to deprive some people of their liberty lawfully.

There were audits in place for aspects of the service and peoples care. Notifications had been made by the manager to CQC. There was a complaints policy and procedure which people were aware of.

There was a business continuity plan in place for the service in case of unforeseen emergencies such as fire.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. There had been two incidents of scalds where the extent of the injury had not been identified by staff and emergency assistance had not been sought by staff in a timely manner.

Staff were recruited safely and there were sufficient staff on duty to meet people's needs.

Medicines were managed safely.

Requires Improvement ●

Is the service effective?

The service was not consistently effective. Staff had not always displayed the appropriate skills and knowledge to deal with accidents but the manager had made sure that staff had now received up to date first aid training.

Staff had inductions when they started working at the service. They received support through supervision and appraisal.

Staff had been trained and were working within the principles of the Mental Capacity Act 2005 and understood what it meant to deprive someone of their liberty lawfully.

People received a choice of food and drinks. In order to avoid any risks to health people were weighed monthly. If there were any concerns referrals were made to the appropriate health professionals

Requires Improvement ●

Is the service caring?

The service was caring. Staff were caring and kind. People who used services and their relatives gave positive feedback about the staff and we observed them to be respectful.

People who used the service looked well cared for with clean clothes, hair and nails.

Staff encouraged people to maintain relationships outside of the service. One person had Sunday lunch with their relative each week.

Good ●

Is the service responsive?

Good ●

This service was responsive. Care plans were up to date and personalised with risk assessments in place where required.

There was an activities co-ordinator employed at the service who arranged a programme of activities. Staff helped to support people in their chosen activities for part of their working day.

There was a complaints policy and procedure and people told us they would know how to make a complaint.

Is the service well-led?

Requires Improvement ●

This service was not consistently well led. There was no registered manager at the service but a person had been employed who was applying to CQC to become registered. Staff, people who used the service and relatives all gave positive feedback about the manager.

Existing systems had proved inadequate in assessing, monitoring and mitigating risks to people's health and safety on two occasions.

There was an emergency business contingency plan in place in case of unforeseen emergencies such as fire and flood.

Dunollie Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 2 and 25 February 2016. Day one was announced as we went to the service to inspect documents relating to concerns raised by the local authority and day two was unannounced. The inspection team on day one was one inspector and on day two was an inspector, a specialist advisor who was a registered nurse and an expert by experience who had experience of health and social care settings. 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, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this document along with statutory notifications to gather information about the service prior to the inspection. A notification is information about important events which the service is required to send us by law. In addition we had received information from the local authority that had concerns around two particular incidents but otherwise had no other current concerns about the service.

Day one of the inspection was spent gathering information and inspecting documents relating to two scalding incidents. On day two of the inspection we looked around the premises, spent time with people in their rooms and in communal areas. We looked at five care plans and associated risk assessments and medicine administration records (MARs). In addition we looked at other records associated with running a service. These included four staff recruitment records, the staff rota, policies and procedures, completed audits and records of staff and residents meetings.

We spoke with 12 people who used the service and two relatives. We had lunch in two dining rooms and joined an activity attended by eight people. We spoke with the manager and their deputy throughout the day. We also spoke with five care workers during the course of their work and interviewed a further three care workers. We also visited the kitchen and laundry. Following the inspection we spoke to a registered

nurse who worked with the hospice care homes team and the local authority commissioners who had no current concerns about the service.

Is the service safe?

Our findings

People told us they felt safe and relatives confirmed this view. One person told us, "I feel safe, [name of care worker] looks after me." A relative said, "[Relative] does not feel they are safe due to their condition but we know [relative] is safe. The staff are wonderful."

However, prior to this inspection we had received information from the local authority about two separate incidents where people had been scalded accidentally. We had some concerns about the way in which the incidents had been managed. During meetings with the local authority following the incidents it became clear that staff had not assessed these people correctly in order to ascertain the extent of the injuries and had not sought emergency assistance in a timely manner. The local authority safeguarding team had been alerted by the ambulance service for one person and a person's family had raised concerns about a second incident. Both incidents are now being investigated by the local authority as well as ourselves.

This was a breach of Regulation 12 Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

The manager had told us that there were now risk assessments in place for everyone when having hot drinks and food. They had also put measures in place to try and prevent any further occurrences of scald injuries such as not leaving teapots in rooms, making sure trays were securely on tables and pouring tea for people. They said these measures had been communicated to staff at staff meetings, hand overs and at individual supervisions. We interviewed staff and asked about their knowledge of these plans. One care worker told us, "We have been asked to pay more attention if a hot drink is given. It is stated clearly in the person's care plan if they need any assistance" and another confirmed the plans outlined by the registered manager. This demonstrated that the manager was communicating risks to staff and that plans were now in place to minimise these risks.

On the 25 February 2016 there were two nurses on duty along with eight care workers. There were two staff in the kitchen, three domestic staff and one person working in the laundry. We reviewed the rotas and saw that these levels of staff had been sustained over time which demonstrated that there were sufficient staff on duty every day to meet the assessed needs of the people who used this service.

During our inspection we observed that staff were not rushed and had time to speak with people. Staff told us that there were two teams of staff for day time duties who worked opposite shifts. They said they usually worked in the same areas of the service in order that there was consistency for people. One care worker told us, "It is so much better since the staff levels have been increased." The provider used a staffing analysis tool to determine the numbers of staff needed in relation to people's needs and the staffing levels at the service were reflective of the current assessment.

We saw from staff records that they had been recruited safely. They had completed an application form, had two references in place and checks had been carried out by the Disclosure and Barring service (DBS). The DBS carry out checks to ensure that prospective employees are not barred from working with certain groups

of people. This meant that the manager used a robust recruitment system that ensured the right staff were employed to keep people safe in this environment.

There were policies and procedures in place relating to the safeguarding of people and the process staff should follow if they suspected abuse. Staff demonstrated a good understanding of how to safeguard people who used the service, they were aware of the types of abuse and how to report concerns. Staff told us they would ensure any immediate action was taken to keep the person safe and then they would share the concerns with the manager. One care worker said, "I would just report anything that was wrong to the manager." However, the manager had not alerted the local authority about either scalding incident and no notification was received by CQC relating to the first incident. When we discussed this with the manager they told us that they believed that the notification to CQC had been sent but they had since discovered a problem with their fax machine. They submitted the notification to CQC retrospectively.

Medicines were safely managed. They were stored securely in a treatment room. There were clear procedures in place for the ordering of medicines and returning of unused stock. Medicines prescribed as 'when required' had documentation in place explaining when and why this medicine should be given. Controlled drugs (CDs), which are medicines liable to misuse, were stored securely and the records associated with these were completed in line with good practice guidance. We completed a random check of the CD cupboard and found stocks were correct.

Medicines were administered by nursing staff and we observed two people being given their medicines in line with the instructions in the medicine administration record (MAR). People's consent was sought before the medicines were given and the nurse accurately completed the MAR. We saw that a pharmacist had reviewed the medicines on 27 January 2016. They had found no photographs or allergy advice on people's MAR's but when we checked these had been updated. This demonstrated that staff took the management of medicines seriously and made any improvements required to maintain safe practice.

Risk assessments and risk management plans were developed based on people's individual needs. Risk assessments were in place for when people received hot food and drinks and there was guidance in place for staff. These had recently been updated following the scalding incidents. In addition there were risk assessments in place for moving and handling people, pressure ulcers, choking and nutrition. Some of these were just out of date for reviewing but the manager assured us that they were due to be completed. When we looked back at other risk assessments we could see they had been completed in a timely manner. This meant people who used the service could be assured that risks to their health and wellbeing were being assessed and staff had access to guidance to ensure their personal care was delivered safely.

We saw that people's safety and welfare had been considered within a fire risk assessment. There was appropriate communication possible between the main house and the lodge which meant that staff in The Lodge could summon assistance easily. Weekly checks of fire alarms were carried out and fire-fighting equipment was regularly checked and serviced. There were two fire wardens on duty each day who had received theoretical and practical training. In addition there was an easily accessible supply of torches and additional blankets for staff to use if people needed to leave the building or heating and lighting failed. Safety checks of mains services such as gas and electricity had been carried out and were up to date. Equipment for the use of people who used the service, such as hoists, was maintained regularly. This meant that people could be sure that the provider was doing everything possible to maintain a safe environment.

Accidents and incidents were reported to a nurse or the manager by staff and were recorded and reviewed on a regular basis. Any accidents were now discussed at the health and safety meeting held at the service and at staff meetings if appropriate to make sure staff learned from incidents. There were five accidents

recorded and the most recent records confirmed that staff had carried out preliminary surveys of people involved in accidents to ensure that any injuries were identified. This was in response to the scalding accidents where the extent of people's injuries had not immediately been identified.

Is the service effective?

Our findings

Peoples needs had not always been met by staff who displayed the right competencies, knowledge and skills. When two people had recently received scald injuries first aid preliminary surveys had not been carried out properly which had resulted in injuries not being identified correctly in one instance and the seriousness of both injuries not immediately recognised. At the time of these incidents staff had received online training in first aid but no practical training. In addition two of the nurses involved were employed by the service through an agency and there were no records available to tell us whether or not they had received appropriate training. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The manager had now taken action following the second incident to ensure that staff had further training in first aid. In other areas of people's care staff showed skill and knowledge and met people's needs effectively.

When staff started working at the service they had an induction and completed training through a variety of methods. For instance manual handling theory was online but there was an accredited trainer working at the service who taught the practical aspects of manual handling to all staff. The training matrix showed that staff training was up to date. They were issued with an employee handbook which outlined their terms and conditions, gave information on health and safety and expectations of staff.

Staff confirmed they had training regularly but said they would prefer more face to face training. One nurse told us that they felt staff were now better trained and provided better care for people living with dementia. In addition we saw that the service was taking part in a pilot for the Gold Standard framework for end of life care. This entailed training by the local hospice care homes team for staff to ensure that people received good end of life care. The manager held the registered managers award and a level four qualification in care. They had experience of managing a service prior to coming to work at Dunollie Nursing Home.

Staff told us that they were well supported by the manager. Supervision had not always been up to date prior to the manager starting work at the service in September 2015 but since then staff were receiving supervision more regularly. Supervision is an opportunity for staff to discuss any training and development needs, any concerns they had about the people they support and for their manager to give feedback on their practice. The manager told us they were aware there had been gaps in supervision and this was something they had begun to put right. The manager received supervision regularly from the regional manager.

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. The application procedures for this in care homes are called the

Deprivation of Liberty Safeguards (DoLS). We saw that staff sought consent and supported people to make their own choices throughout the inspection. The manager had applied for and been granted five DoLS authorisations for people who lived at the service. They were aware of their responsibilities in relation to following conditions and reviewing DoLS.

The environment supported people living at this service and those living with dementia. There was signage around the building although this could be improved particularly around people's bedroom doors to aid recognition. However we did not see anyone struggling to find their way to their way around during the inspection. Corridors were wide and uncluttered making them safe for walking. The décor was clean and helped give a feeling of calm. Specialist equipment such as hoists was available when people needed them. There was access to outside spaces with beautifully kept gardens surrounding the buildings. We were told by staff and people who used the service that the lighting between the main house and The Lodge was not very bright. This could impact on staff safety and security as they move between buildings in the evenings and overnight although there was no record of any incidents because of the lighting.

We observed a lunchtime period in two dining rooms and saw people being assisted to eat and drink. The meal was well presented and tables set with table cloths, cutlery and condiments. There were menus on the tables and an 'A' board outside the dining room with details of the day's menu. In addition, there were posters with the day's menu displayed in the Lodge and the Garden wing. There was a choice of two hot meals and a hot dessert or alternatives such as ice cream, yoghurt or fresh fruit. Staff served the meal to people respectfully and in a thoughtful way. They recognised when people required assistance.

We sat with two different people at their tables in different dining rooms who told us they were very happy with their meals and with the choices of both the food and drinks. We observed that people were offered a choice of drinks throughout lunch. One person told us, "The diet is very good the food is always hot" and others told us they could choose their meal from the menu and that they enjoyed the food. The food looked appetising and the choices were nutritious.

Staff assisted people where necessary. When people needed to be assisted in their rooms they were taken a tray which was set properly and staff stayed with them if necessary.

People's nutritional needs had been assessed and we saw that where people required their food to be served in a particular way this was done. For instance some people had advice from the speech and language therapist in their care plans stating that they should have a soft diet. The chef had presented the food in this way. In addition, we saw that people were weighed every month and a malnutrition universal screening tool (MUST) was used to determine whether or not they were at risk of malnutrition. Where the MUST showed a risk there had been a request for a dietician assessment. Where needed charts were completed to record dietary and fluid input. These were kept in people's rooms. We saw drinks being offered to people throughout the day.

The service had good links with local doctor's surgeries and staff made individual requests for visits as they were required. We saw records had been completed following visits by doctors and the other health and social care professionals. For example we saw one person had been referred to the speech and language therapy team because they had developed a fear of choking. This meant people could be assured the staff sought specialist advice based on people's individual needs.

Is the service caring?

Our findings

People told us that the staff were caring. One person said, "It's a very nice care home. I'd recommend it to anyone. [Names of two care workers] look after me; I've never had to fend for myself ever since I came here. I've been really, really happy" and a second person said, "[Name of staff], he's a lovely fella he'll do anything for you. If I don't want him to Hoover my room if my heads in a bad place he'll leave it, he's particularly good." A relative said, "Staff are wonderfully patient with [relative]. There is always someone there to give her a hug."

We observed numerous positive interactions between staff and people who used the service which were warm and kindly. Staff spoke to people in a respectful way. One person told us that their relative who was living with dementia had a taste for salt. To ensure they did not have too much on their food the relative told us that the manager had a badge stating that they were the condiment monitor. They would put salt on the person's food, using humour and tact, whilst ensuring this person did not consume too much salt.

People looked well cared for. They were wearing clean clothes, their hair was tidy and some people had their nails painted. Staff demonstrated a commitment to delivering good care. One member of staff said, "I follow people's needs and ask people what they want. For those people who have problems communicating I learn from their reactions."

The service supported people to maintain their relationships. One relative explained that they had Sunday lunch with their relative each week. They also said, "Christmas was lovely. It felt like Christmas; All decorated." Other relatives told us they could visit anytime they wished.

Staff preserved people's dignity. We saw staff knock on people's bedroom doors and wait for permission before they entered. When people required any personal care staff took them to their rooms and closed the door. They hung a sign on the door saying "Care in Progress. Please knock and wait" so that people did not walk in uninvited.

Staff told us that some people who used the service did not like having strange staff providing personal care. If a care worker or nurse from an agency was allocated to that person they would be changed for another member of staff. This demonstrated that people had a choice about who provided their personal care.

We saw one person was receiving end of life care, records indicated they were receiving the support they required to be cared for comfortably. Staff were able to describe how they provided compassionate and sensitive care to the person. Relatives were able to stay with the person for as long as they wished. The manager told us the service had strong links with the local hospice staff who were also supporting this person. Dunollie Nursing home staff had signed up for a pilot to train staff as part of the Gold Standards framework. We spoke to a member of the care homes team at the hospice who confirmed that staff at Dunollie were supported and trained by them. The Gold standards framework is about giving people the right care, at the right time, in the right place at the end of their life. This demonstrated that the staff were proactive in making efforts to provide end of life care in line with best practice.

Is the service responsive?

Our findings

People received care that was person centred. This is when the care planning is carried out jointly by staff, people who use services and relatives. The service completed a pre admission assessment prior to admission. This provided information about people's care needs which allowed the manager to make a decision about whether the needs could be met before people were offered a place at the service.

Care plans were personalised containing up to date information about the care and support people required. This included information about people's physical and mental health care needs. There was information about people's emotional and spiritual care needs in care plans but this could have been more detailed. For instance although 'This is Me' documents were completed this was not in detail for some people which meant that the staff did not have access to detailed information about the person's life which would give them subjects about which they could communicate when getting to know the person. Despite this we found care staff did know people well and could describe the specific care people needed as well as their preferences.

People told us they were kept informed of any changes to their relative's needs. One person said, "They [staff] phone me if there are any problems. They write everything in her book in her room, which I read every day."

The service employed an activities co-ordinator who provided a wide range of activities to people who used the service. In addition, a member of staff from each floor worked with the activities organiser for part of each day to ensure people doing activities were supported. A care worker told us, "One person from each floor takes part in activities." We observed during the afternoon of the second day of inspection a music quiz which was attended by eight people and supported by three care staff. They put every effort into engaging people in the quiz. There was a weekly activity programme which was printed out and notices put in the lifts and on noticeboards. This meant people knew what activities were on offer and people told us they looked forward to specific activities.

People gave us positive feedback about the activities available. One relative told us, "They have a lot of singers, musicians and music quizzes; She's [relative] a dominoes demon." They told us that their relative had not been interested in activities previously but now enjoyed them. One person living with dementia had dolls that they cared for as a form of therapy. This supported their wellbeing. Another person who was nursed in bed had a string across their bed where staff had hung photographs and familiar items that they could look at. Staff had considered people's abilities and needs when planning activities.

There were resident meetings where we could see food choices and activities had been discussed. Twelve people had attended the last meeting and they were asked about any improvements they wanted within the service. This meant that people had a forum through which they could express their wishes.

The service had an up to date complaints policy which was available to people and their visitors. We reviewed the complaints folder which contained one complaint in relation to one person who had been

scalded. On the PIR the provider had stated that five complaints had been received over the last year but there was no record of these in the complaints file and no evidence of how the provider had responded to the complainants. We requested further information from the provider and they gave us details of all the complaints which had been kept in the previous year's file. This demonstrated that the provider had dealt with all the complaints in line with their company procedures.

Is the service well-led?

Our findings

The service did not have a registered manager but had employed a person to be the manager who was in the process of applying to the Care Quality Commission for registration. They had been in post since September 2015 when the previous registered manager had moved to a different service within the Embrace group. They had extensive experience working in health and social care in management roles but they were not a trained nurse. However, the deputy manager was a trained nurse and they planned to work closely together in order to make sure they managed the service and met each person's needs. The regional manager was supporting the new manager.

The feedback about the manager was overwhelmingly positive. One care worker told us, "Dunollie has improved since the manager started. Residents are asked what they want to do and the manager makes sure things are arranged." A second told us, "The manager is always available" and a third said, "The manager informs staff of any changes either individually or during the handover." A relative told us, "Since the new manager came there is a massive difference. She seems to really care about residents." A person who used the service said, "Everything is hunky dory now we've got the new gaffa [manager]. She's all for the residents; She's got time for them; She listens. If I want anything recreationally wise it's there."

Staff spoke about the provider organisation [Embrace]. They said, "It has improved 100 per cent since the new manager came. It's [provider] more open and honest about things now; It supports the staff more; There's always enough staff. The residents needs come first."

During the inspection the manager spoke knowledgeably about people who used the service. They told us about the changes they had already made and how they intended to improve the service further. They wanted to make further improvements to the environment including improving the décor using colour to make it more dementia friendly. They explained that there was now a more stable staff team who were gaining confidence.

We spoke about the recent scalding accidents. The first incident had occurred during the managers first month working at the service and the second after three months. They recognised the need for assessing risks and putting systems in place to prevent further occurrences and had done so following the second incident. However, the provider had not acted or made sure during the managers induction period that people who used the service were supported and risks to their health and safety assessed following the first scald incident which meant that staff had not been made aware of potential risks. Processes had not been put in place to reduce those risks and no internal investigation undertaken to find out the cause of the first incident. In addition no competency checks or further training for staff had been arranged by the provider following the first incident of scalding which resulted in a second serious injury when staff did not recognise the extent of the injury resulting in them not seeking assistance in a timely manner.

The provider had not escalated the concerns to other agencies as required. They had not made an alert about the first incident to the local authority immediately as required and had not notified the Commission of the first incident until four months later.

This was a breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had systems in place to audit the way in which the service was run and peoples care. For example we saw infection control, food safety; medicine and health and safety audits took place on a regular basis. Health and safety meetings were held at the service. There was a service user representative who attended the meetings. Since the scalding incidents and accidents were discussed and health and safety audits were reviewed at the meetings to determine any actions that were required to improve safety for people.

The provider ensured staff had access to up to date policies and procedures and good practice guidance which was based on up to date legislation and policy.

The manager was visible throughout the service and told us they operated an open door policy and encouraged people, staff and visitors to give feedback. A relative told us, "If you need to speak to the manager she is always available." They held regular care worker, nursing and residents meetings. The staff meetings had a permanent agenda item looking at dignity and dementia which ensured that these subjects remained uppermost in staff's minds.

The service had an emergency business continuity plan. It highlighted the actions staff should take in the event of an unforeseen emergency. It contained staff telephone numbers and other important contact numbers.