

Lett's Care Ltd

Hamilton's Residential Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

The inspection took place on the 6 July 2016 and was unannounced.

Hamilton's Residential Home provides personal care and accommodation for up to 17 older people, some of whom may be living with dementia. The service is located on a main road in the surrounding area of Canterbury and is set over two floors. Everyone had their own bedrooms which were well decorated and personalised. At the time of the inspection there were 16 people living at the service.

The registered manager was leading the service on the day of the inspection. 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. The registered manager was supported by a deputy manager and both said they felt supported by the provider.

Staff were not always recruited safely. There were policies and procedures in place for the recruitment of staff however, they were not always being followed. Pre-employment checks were not always completed. The registered manager started to address this during the inspection. We have made a recommendation about this. There was an established staff team some of who had worked at the service for a number of years. There were enough staff on duty to respond to people's needs. Staff had received training to help them carry out their duties and had regular support and supervision from the registered manager.

Most medicines were managed safely however improvements were needed to ensure that creams were stored and recorded safely.

Some people were living with dementia and spent time relaxing in the lounge. A door to the lounge regularly banged shut and made people jump and appear anxious. We made a recommendation that the provider seeks advice and takes action to ensure that the environment is suitable for people living with dementia.

People told us they felt safe and looked after in the service. Safeguarding procedures were in place for staff to follow. Staff had completed safeguarding training and knew what action to take if they suspected abuse. The registered manager was confident in dealing with and reporting abuse to outside agencies like the local council safeguarding team.

People had individual care plans that reflected their care needs. People felt staff treated them as individuals and had a good understanding of their needs and how they wanted to be supported. Risks to people were identified and assessed. There was guidance in place for staff on how to care for people effectively and safely and keep risks to a minimum. People or their relatives were involved in writing their care plans. People received care that was responsive to their needs. People pursued their interests and hobbies. There was a range of activities on offer.

Accidents and incidents were recorded and monitored. The service had procedures for responding to emergencies like a loss of electricity or a flood. Safety checks were carried out regularly to ensure the building and equipment was safe.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA). When people could not make decisions for themselves the registered manager and staff followed the principles of the MCA and acted in people's best interests. The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS were applied for in accordance with legal guidance.

People were supported to maintain healthy diets and were offered healthy and nutritious meals and regular drinks. People told us they liked the food. People were supported to attend health care appointments and staff worked with local doctors and district nurses to support people's health needs.

People talked positively about staff referring to them as "caring" and "friendly. Caring relationships had developed and people were treated with dignity and compassion. When people could not communicate verbally, staff were able to understand what they wanted. People responded to staff with gestures and smiles, nodding and holding hands with staff who were offering them assistance. Staff respected people's privacy and dignity and supported people to remain as independent as possible.

There was a complaints procedure in place and a copy was available to people and their relatives. There had not been any complaints in the last 12 months. The manager told us complaints were used for learning and improving.

People told us they thought the service was well led. People and their relatives were complimentary about staff and their behaviours towards their family members. The registered manager had experience of working with people living with dementia and showed dedication to working with people and the staff team.

Staff felt supported by the registered manager. The provider had introduced a reward system to recognise staff contributions. Staff said this made them feel valued. People could make comments through surveys and a comment box, although staff were not currently surveyed. Staff views were obtained through one to one and staff meetings. Action had been taken in response to people's feedback. Staff carried out audits and checks of the service to identify shortfalls and monitor improvements.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in line with CQC guidelines.

We made two recommendations following this inspection.

We recommend that the provider reviews the recruitment information and checks for all staff to make sure their recruitment procedures have been followed.

We recommend that the provider seeks advice and takes action to ensure that the environment is suitable for people living with dementia.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not as safe as it could be.

Staff were not always thoroughly checked before starting work at the service. There were enough staff to meet people's needs.

Medicines were administered safely, the storage and recording of creams needed improving.

People were safeguarded from the risk of abuse. Staff understood what abuse was and how to report any concerns. Risks were assessed, managed and monitored appropriately.

Incidents and accidents were reported and recorded to track any trends and identify areas for improvement.

Is the service effective?

Good 

The service was effective.

Staff had regular supervision, annual appraisals and received training that gave them the right skills and knowledge to carry out their role and support people effectively.

Staff understood that people had the right to make their own decisions. Staff understood the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and when to apply them.

People were supported to eat and drink enough and maintain a healthy balanced diet.

People were supported to maintain good health and when required, people had access to healthcare services to receive on-going healthcare.

Is the service caring?

Good 

The service was caring.

People were treated with kindness, dignity and respect.

Staff were attentive and listened to people. Staff spoke with people in a compassionate way.

Staff respected people's privacy and dignity and supported people to remain as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

We recommend that the provider seeks advice and takes action to ensure that the environment is suitable for people living with dementia.

People received personalised care that was specific to their needs. Staff were familiar with people's various needs. Everyone had a care plan that they had been involved in writing.

People were encouraged to take part in activities. Family members and friends were welcome to visit loved ones and the staff made visitors feel welcome.

A complaints procedure was in place and was visible to people and visitors. A system of recording and learning from complaints was in place.

Is the service well-led?

Good ●

The service was well led.

The registered manager and staff supported each other. There was a positive culture and a feeling of team work.

Audits and checks were carried out to make sure the service was safe and of a good quality. People had the opportunity to give their views about the service and these were acted on.

The registered manager and the deputy were sending through statutory notifications to the CQC as required. Records were up to date.

Hamilton's Residential 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.

The inspection took place on the 6 July 2016 and was unannounced. The inspection was carried out by two inspectors 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 the provider completed a Provider Information Return, (PIR). The PIR is a form that asks the provider to give some key information about the service such as, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by CQC. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury.

We obtained feedback from external health and social care professionals who visited the service. Feedback we received was positive.

During our inspection we observed in communal areas. Some people were unable to tell us about their experiences so we used the Short Observational Framework for Inspections (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with two people, five relatives, six members of staff and the registered manager. We looked around the service and looked at the kitchen, communal lounge, garden and offices.

We reviewed five care plans and associated risk assessments. We looked at four staff files, safety checks, audits, meeting minutes, medication records and quality surveys. We also observed people being given their medicines.

We last inspected Hamilton's Residential Home on 30 June and 1 July 2015. At this inspection there were no breaches of regulations.

Is the service safe?

Our findings

People told us they felt safe. People told us they felt able to speak with staff if anything concerned them. One person said, "I couldn't sleep when I first arrived, as the security light in the car park made me feel scared. The staff listened to me and disconnected it straight away and now I just see the street light, which makes me feel safe."

Recruitment checks on staff were not as thorough as they should be. We checked the recruitment process for four staff. All four staff had not given a full employment history so any gaps in employment were not checked. Staff had not disclosed the reason for leaving previous jobs. Not all staff had two written references and for one staff the only reference they had was from a friend. The identity of one member of staff had not been verified. The registered manager started to address this with the staff involved during the inspection by following up references and checking any gaps in employment history and recording reasons for leaving previous employment. We will follow this up at the next inspection.

We recommend that the provider reviews the recruitment information and checks for all staff to make sure their recruitment procedures have been followed.

The registered manager invited potential staff to come to the service to meet people and existing staff as part of their interview. The registered manager observed the potential staff and asked people for feedback. Staff were given a job description and a contract and worked through a probation period before they became a permanent member of staff.

The registered manager organised the staff which included care staff, housekeeping staff and a cook. The staffing levels were based on people's needs, activities and appointments. The registered manager kept the staffing levels under review and asked people and staff for feedback to make sure there was enough staff on duty. Based on this feedback the registered manager had recently increased the staffing levels during the day and at night and was in the process of recruiting more staff. Staff told us they thought there was enough staff to meet people's needs and people told us that the staff were there when they needed them. Staff said they were happy to cover for each other for example, to cover sickness. Some staff stayed on duty and came in on their days off to support people. The registered manager and deputy manager were on call out of hours to give advice and support and there was always a senior staff member on duty at weekends.

People told us that staff were there when they needed support. A member of staff was always in the lounge and staff responded quickly when people needed support. Staff had time to sit and chat and spend time with people and were not rushed. One relative said "They are absolutely lovely staff; I cannot fault them in any way. The staff always find time to talk to me and keep me up to date."

People said they were happy for staff to look after and give them their medicines. Staff took medicines to people with a drink and explained what the medicine was for. Staff asked people if they were in any pain and needed pain relief. Staff waited until people had taken their medicine before signing the medicine administration record (MAR).

The MAR were accurate and up to date. Senior staff checked the records on a regular basis. There were guidelines in place for staff to follow about when to give medicines only needed now and again, like pain relief. Staff had reference books and information they could refer to if a new medicine was prescribed or if they wanted to look up potential side effects of medicines. Staff were trained in medicines management and spoke with knowledge about the different medicines and what they were for.

Most medicines were stored in a locked trolley and cupboard in a dedicated medicines room. The temperature of the room was checked to make sure medicines were not affected by high or low temperatures. On the day of the inspection the temperature of the room was 25 degrees Celsius, the maximum temperature for storing medicines. Medicines were not overstocked and were dated on opening if they had a shorter shelf life. The medicines cupboard was sticky from bottles of liquid medicine and needed cleaning.

Some people were prescribed creams and these were stored in the laundry room. The laundry room was hot, hotter than the medicines room, as the tumble dryer had been on and there was no window. Heat can affect the way the cream works. One large pot of cream had no lid so there was a risk of contamination. The deputy manager took action to move the creams to a more suitable place. There were no body maps in people's records to show where and which cream should be applied. This was an area for improvement.

Some medicines required special storage for example, in a fridge. These medicines were stored safely and were regularly checked for stock levels and use by dates. Unused medicines were disposed of safely.

Staff knew what signs to look out for to identify if someone felt unsafe. People living with dementia were not always able to communicate that they felt unsafe. Staff told us that they knew people well and could tell through people's facial expressions if they felt unsafe or vulnerable. One staff said, "We would look for triggers for example signs of discomfort, if people were unhappy, we know their facial expressions."

Staff knew what to do when safeguarding concerns were raised. People gave us examples when staff had taken action when there were potential safeguarding concerns. One person told us about a situation when they felt unsafe. When talking about the outcome of the concern the person said, "This has made me feel safe and confident. It's also shown how I can talk to anyone here and the staff take action."

Staff knew about different types and signs of abuse. One staff member said, "I can recognise different types of abuse such as emotional, physical and verbal". Staff had completed safeguarding training and knew how to report abuse. Referrals had been made to the local safeguarding authority and action had been taken by the staff to reduce the risks of them happening again. The registered manager was aware of their responsibilities in safeguarding people from harm and abuse.

Risks to people had been identified and staff supported people to reduce any potential risks. Some people were at risk of falling, losing weight or developing pressure sores. These risks had been identified and assessed and there were guidelines in place for staff to follow to ensure risks were kept to a minimum. For example, one person was at risk of their skin becoming sore. They were provided with a special pressure relieving cushion and mattress to help keep their skin healthy. Risk assessments were reviewed regularly to capture information about any new or increased risks.

Some people could become anxious or angry at times. To reduce the risks of these incidents there were guidelines for staff to follow about how to reduce the likelihood of an incident and what to do if and when an incident occurred.

Equipment including the fire safety equipment was checked regularly to ensure it was working properly and safe to use. Each person had an emergency evacuation plan in case there was a fire or other emergency. Staff attended fire awareness training and took part in regular fire drills. The provider had contingency plans for events including a flood or sickness outbreak so that any impact on people would be kept to a minimum. Any incidents or accidents were recorded and reported appropriately. The registered manager reviewed accident reports to look for any common themes or patterns and took any action needed. For example, the registered manager had noticed that some people's needs had increased at a certain time of the day. In response, the registered manager had increased the staffing levels at that time to give people extra support.

Is the service effective?

Our findings

Staff were trained and supported to have the right skills, knowledge and qualifications to give people the care and support they needed. People told us they thought the staff had the right skills to support them. Everyone we spoke with described the staff as either 'good' or 'very good.' One relative told us "I have always found the staff attitude good. They are polite and I feel welcome when I visit. I have seen lots of staff interacting individually with people. They sit and chat and take their time." Another relative said "I feel lucky that (my relative) is here. They are absolutely lovely staff." Staff were knowledgeable about people's needs and varying conditions. We observed that staff moved people safely using equipment including a hoist.

The registered manager organised basic training as well as training related to people's specific needs including dementia awareness. Staff attended face to face training or completed work books or on line courses. Staff were responsive to people's needs and recognised if people were uncomfortable or upset. Staff were knowledgeable about people's individual conditions. A health professional said that staff had followed their instructions and said, "The dedication of staff meant that a person (recovering from a stroke) is now walking."

New staff were working towards the Care Certificate, which is a set of standards that care staff achieve when deemed competent in a number of areas. The registered manager coached and mentored staff and met with staff regularly for one to one supervision. These meetings were planned in advance and gave staff the opportunity to discuss any training needs or other issues. Staff had an appraisal each year.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decision 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 make 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 for these in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the staff were working within the principles of the MCA and whether any conditions and authorisations to deprive a person of their liberty were being met. Staff had received MCA and DoLS training and had an awareness of their responsibilities. Best interest meetings had been held if people needed to make a decision and they lacked capacity. Any decisions made on behalf of people had been made in people's best interests. The registered manager and deputy manager carried out mental capacity assessments when needed and had applied for DoLS authorisations to make sure that any imposed restrictions were authorised and lawful.

People were asked for their consent before any care or treatment. When able, people or their representative signed a consent form. People told us staff always asked for their consent before carrying out any care tasks

including personal care. One person said, "They always ask before supporting me".

People were supported to have enough to eat and drink and were involved in decisions about meal choices. People were positive about the food provided describing it as 'good' and 'very good.' One person told us, "When I came, I thought meals were not varied, like they were quite standard to cater for all tastes, like roast dinners and things. I was able to talk to the manager and staff and now I have my own personalised menu so changes can happen. It means I have choice and eat similar to what I would eat at home". Staff offered people a choice of drinks and snacks throughout the day. When people could not communicate verbally, staff watched their facial expressions and body language to understand what they wanted.

Staff catered to people's cultural needs and supported people's food preferences. When people moved into the service any cultural or religion preferences were recorded in their care plan. People were able to request specific meals that met their cultural and religious beliefs. Staff told us "Specific meals can be made on request."

People were supported to have balanced diets. People's nutritional needs were assessed and supported and people at risk of losing weight were offered meal supplements and given additional calories. One relative told us "(My relative) is doing better now and is putting on weight. That to me shows how the staff have actively prompted them and encouraged them to eat well". People were given the support they needed to eat and drink enough. Some people had their food and drink intake recorded to check they were eating and drinking enough. Daily amounts of fluid were not always totalled up to show the total amount. The 'optimum' amount of fluid was not included on the charts so it was not clear how much a person should be drinking and how much, in total that had actually drunk. This is an area for improvement.

A member of staff told us, "Senior staff know who has been risk assessed as requiring special diets, they pass this information onto us every day so that we can ensure appropriate meals are prepared".

People told us that their health care needs were supported. One person said, "I have a condition, the (staff assistance) has been a support to me as I know it can be managed. The staff help me to do this and have arranged different aspects of my care. I wouldn't have had this without being here, it makes me have hope". People's health care needs were recorded in their care plan and were kept under review so they were up to date.

Staff responded to changes in people's health needs and sought advice when needed. Staff involved the person's family or health care professional when necessary. Staff monitored people's health needs. The registered manager told us, "Staff have a good rapport with health care professionals such as the GP, dietician, district nurses and occupational therapist; we also support people to go to healthcare appointments". Health care professionals told us that the staff followed their advice and people's health had improved as a result.

Is the service caring?

Our findings

People and their relatives told us staff were caring towards them. People referred to staff as 'approachable' and 'sensitive'. One relative told us, "I needed to have a conversation regarding my relative's care. The staff took time to listen". People told us staff were caring and responded to their needs promptly.

Staff had developed positive relationships with people and their relatives. One member of staff said, "Everyone is their own character here and staff know people very well". Staff engaged with people and there were positive interactions. Staff talked to people when they were supporting them with walking or giving assistance during mealtimes. Staff referred to people using their preferred names. Staff responded to people's gestures and body language promptly. There was a relaxed atmosphere in the service and staff had positive and numerous conversations with people and their relatives. Some relatives visited very regularly and said they were always made to feel welcome.

People's relatives could visit without restrictions. One relative told us, "Staff always make us feel welcome when we visit", and another said "I can visit my relative anytime". Relatives felt at ease and said their relatives rooms were nicely decorated, personalised and their privacy was maintained. One person said, "I am able to choose the colour of my room. It is being decorated and I like the colour."

Staff assisted people when they were uncomfortable or in need. One person was sitting in a chair. A member of staff noticed they were uncomfortable in the chair and approached them. They let the person know who they were and asked if they could adjust their seating to make them more comfortable. The member of staff then supported the person to a more comfortable chair and made them a cup of tea so they could relax properly.

People and their relatives were involved in planning and making decisions about their care. A relative spoke with us about their involvement in the care planning for their relative. They told us, "I was able to plan appropriate care so that (their relative) could be cared for here, rather than the hospital to avoid distress to us all. The staff clearly talked to me about the options of care". The person told us this involvement helped them to make decisions that were right for their relative.

People's privacy was respected and they were treated by staff who showed dignity and respect. Staff took action to maintain people's privacy. For example, staff were using equipment to move a person and there was a risk to the person's dignity. Staff promptly called for other staff to bring a screen to ensure that the person's privacy was maintained.

People were supported to remain as independent as possible. Walking aids, including walking frames, were provided and people were supported to walk around the service to help maintain their mobility.

Staff kept people's information confidential and people's records were kept secure. Records were kept in locked drawers in the registered manager's office. Procedures were in place to ensure that anyone who reviewed information was authorised and there was an audit trail confirming who had accessed

information. Records held on the computer system were held securely and only accessible by staff with passwords. Information was provided to people in a way they could understand with large print and pictures.

People's care plans reflected their wishes in relation to end of life care. The staff offered support to people to maintain their dignity and respect when planning for their end of life care.

Is the service responsive?

Our findings

Care was personalised and people had individual care plans that were tailored to their specific needs. A relative told us, "They provide care that is relevant to my relative's needs". Staff told us, "We have activities such as music therapy and singers coming in and playing musical instruments". Staff used pictorial images to inform people about the activities on offer. People told us that they thought there were enough activities on offer.

People were encouraged and supported to follow their interests and hobbies. One person told us "I like wildlife and nature and I watch any programme that is on. Staff are building me a bird table; I am looking forward to it". The person spoke positively about staff paying attention to their interests and helping them to pursue them. A staff member gave us an example of a person who was withdrawn. They spoke with the person's relatives and found out that the person had religious interests. Staff took steps to ensure the person was supported to pursue their religious beliefs. Staff told us "We saw great improvements in the person's mood".

A member of staff was dedicated to activity sessions. There was an activity calendar and each day's activities were written on large white board so people could see what was on offer. People told us they were happy with the activities. One relative told us "There is a lot going on. They have had themed activity days like an 'Ascot day' when staff bought hats from charity shops and everyone dressed up. They all looked cheery."

People spent time in the lounge or in the garden. Some people watched television and others sat in the dining area talking with staff and some people had manicures. Some people were living with dementia and were sitting relaxing in the lounge. Staff came in and out of the lounge throughout the day using a door from the hallway. This door banged shut on several occasions and made some people jump. Two people appeared anxious by the regular bangs and staff noticed this and reassured them. The registered manager agreed that this was an area for improvement and said they would look into fitting slow door closures.

We recommend that the provider seeks advice and takes action to ensure that the environment is suitable for people living with dementia.

Before a person moved into the service the registered manager met with them and carried out an assessment of their needs. People and their relatives contributed to these assessments. The assessments were used to write an individual care plan. Care plans gave staff the information they needed to support people in a way that suited them best.

The registered manager had been reviewing and updating the care plans. The care plans were called "This is Me" and outlined the person's life history with details of people's likes, dislikes, hobbies interests, past occupation and family and friends. The plans gave a complete picture of the person so that care would be relevant and specific to their needs. Care plans were regularly reviewed and updated with people, their relatives or other relevant professional's involvement and staff knew about people's needs and the contents of their care plans.

Staff worked with people and health professionals to meet people's assessed needs. Staff gave an example of a person who had a physical health problem. They worked with local district nurses and other professionals to determine what the appropriate care would be. After working together the person's health improved and led to a reduction in the level of care required. A health professional told us "Because of the staff's commitment (the person) is walking again and able to return home."

People and their relatives were made aware of how to make a complaint. A copy of the policy was available on a noticeboard at the entrance to the service. Relatives told us that they knew how to make a complaint but they had not needed to make a complaint. The registered manager told us there had not been any complaints in the last 12 months. The registered manager told us that complaints would be logged, recorded, investigated and ways to resolve the complaint would be found. The registered manager said that any lessons learnt from complaints would be shared with staff, people and their relatives. Residents meetings were held which relatives were invited to, so they could share their views and opinions about the service. At these meetings people and their relatives were given the opportunity to raise any concerns.

Is the service well-led?

Our findings

People told us they thought the service was managed well and well led. A relative said "The manager is very good here, they keep me informed. I am very happy that (my relative) is here." Relatives and staff were complimentary and positive about the registered manager and deputy manager. Another relative said "(The registered manager) and (deputy manager) work well as a team. They are a strong team."

The registered manager had been at the service for several years and knew the staff team and people well. The registered manager had thirty years' experience in working with people living with dementia and understood relevant legislation and the importance of keeping their skills and knowledge up to date. The registered and deputy manager had forged links with other organisations including care home associations and attended care home forums to share and promote best practice. There was a culture of openness and trying to improve the service for people. Both the registered and deputy managers had made a concerted effort to learn and develop in order to improve the service for people.

Staff understood their roles and responsibilities and had a good understanding of people's needs. Staff told us they felt well supported and felt comfortable asking the registered manager or deputy manager for help and advice when they needed it. The registered manager and deputy manager worked alongside staff to observe coach and support. Staff said they all worked as a team and this was evident with staff coming in on their day off and staying late to support the registered manager with the inspection. Staff said they felt comfortable raising any issues with the managers and had confidence that their suggestions or concerns would be taken seriously.

The registered provider visited the service every week and the registered manager said they felt supported by the provider. The provider had introduced a monthly reward system for staff. People, staff and relatives could nominate the 'employee of the month'. The registered manager counted the nominations and awarded a cash prize to the staff member with the most nominations. The registered manager said they hoped this would help staff feel valued.

The registered manager asked the staff for their views about the service at regular one to one and staff meetings. People and their relatives were asked for their opinion about the service and were sent surveys to complete giving their views and suggesting any improvements. The staff were not currently sent a survey, and the registered manager agreed to include staff in the next survey as this was an area for improvement. People could use a suggestions box if they had any comments to make about the service. The registered manager had taken action based on people's suggestions including making changes to the menu.

Staff carried out a variety of audits and checks on a weekly and monthly basis. Checks were made of the environment, records and equipment including the fire safety system. When any areas for improvement had been identified, these had been acted on. Records were up to date and accurate and held securely.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken.

The registered manager had submitted notifications to CQC in line with CQC guidelines.