

Avery Homes (Nelson) Limited

# Priory Court

## Inspection report

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Lincolnshire  
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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

We inspected Priory Court on 9 November 2016. Our inspection was unannounced.

The home is located near to the centre of the town of Stamford in Lincolnshire. Residential and nursing care is provided and the home can accommodate up to 60 people who have needs related to the ageing process. There were 52 people living at the home at the time of our inspection. 19 Of the people were being supported to receive nursing care.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

Staff were recruited appropriately in order to make sure they were suitable to work within the home. Staff were provided with an induction and training which was updated regularly to enable staff to further develop their knowledge and skills. At the time this inspection was carried out there were enough suitably deployed staff available to meet people's identified care needs.

People and their relatives were involved in planning their care. Care plan records reflected up to date information about people's needs. Staff delivered the care that was planned and kept people at the centre of the care giving process. They cared for people in a sensitive, warm and friendly manner, respecting their choices and preferences. The management of people's medicines was conducted safely and in line with good practice and national guidance.

People had access to a range of healthcare services and were supported to enjoy a varied diet in order to help them stay healthy. There was also a range of equipment available to meet their needs and encourage independence.

People's rights were respected and they were supported to make decisions for themselves wherever possible. Staff understood how to support people to make decisions and choices in line with legal guidance. CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of the inspection none of the people who lived at the home were subject to a DoLS authorisation.

People had been consulted about their individual preferences, interests and hobbies. A wide range of activities were available which enabled people to be consistently stimulated and to maintain and further develop their interests and hobbies.

People and their relatives were invited to comment on the quality of the services provided. There were systems in place for handling and resolving formal complaints and the provider and registered manager took action to address concerns when they were raised with them.

The provider and registered manager had a structured framework of checks and audits to regularly assess and monitor care practice and to ensure people received good quality care. These ensured any shortfalls in quality could be quickly identified and any improvements made.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff were recruited in the right way and knew how to report concerns and take any action needed to make sure people were safe.

There were enough suitably deployed staff at the home to ensure people's needs were consistently being met.

Medicines were managed safely in line with good practice and national guidance.

### Is the service effective?

Good ●

The service was effective.

People had their healthcare needs met and they were supported to eat and drink enough to stay healthy.

Legal safeguards were followed to ensure that people's rights were protected. People's personal records demonstrated when any decisions had been taken in their best interests.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and their choices and preferences about the care they received were respected.

Confidential information was maintained in ways which ensured it was kept private.

### Is the service responsive?

Good ●

The service was responsive.

Care plan records reflected up to date information about people's needs and people and their relatives were consulted about the way in which they wished their care to be provided.

There was a range of accessible and meaningful activities provided for people who lived at the home.

**Is the service well-led?**

**Good** ●

The service was well-led.

There was a registered manager in place and staff were supported by the management team to undertake their role.

Arrangements for receiving feedback about the way the home was run were effective.

The systems in place to monitor the quality of the home were robustly managed so that any shortfalls in the way care was delivered could be identified and followed up consistently.

# Priory Court

## 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 11 November 2016 and was unannounced. The inspection team consisted of two inspectors.

Before we carried out our inspection visit we looked at the information we held about the home. This included feedback we had received from people or relatives of people who had lived at or stayed the home or visiting health and social care professionals. We also checked notifications we had received from the provider. These are events that happened in the home that the provider is required to tell us about. We also looked at information that had been sent to us by other agencies such as service commissioners and the local authority safeguarding team.

During our inspection we spoke with eight people who lived at the home and a relative who visited their family member. We looked at six people's care plan records and at how those people were supported and cared for by tracking their experiences through the records and where possible, speaking with them. We also spent time observing how staff provided care for people to help us better understand their experiences of care. In order to do this we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not speak with us.

In addition we spoke with seven care staff, the nurse in charge, a team leader who supported care staff, the chef, a kitchen assistant, the activities co-ordinator, the registered manager and the regional manager. As part of the overall inspection process we looked at how staff were recruited, supported and deployed. We also looked at the records and the arrangements in place for managing complaints and monitoring, checking and maintaining the overall quality of the services provided within the home.

# Is the service safe?

## Our findings

People told us they felt safe living at the home. One person said, "The safety aspects here relate to things like the care we get and the environmental arrangements we need to be aware of, for example the help I have and fire safety. The staff cover all of these areas well so I feel very safe."

Staff told us that they had received training about how to keep people safe. They demonstrated a clear understanding about how to identify if someone was at risk of abuse. They knew how to raise such concerns with senior staff members. They were also aware of how to contact external organisations such as the local authority or the Care Quality Commission.

Staff demonstrated that they understood how to identify risks to people's health, safety and welfare. Identified risks were checked and reviewed regularly with the person where they were able to be involved. Examples of the risks highlighted were the use of wheelchairs, the potential for choking on food or drink and the potential for people to fall over and injure themselves. We observed that staff followed people's risk management plans when they supported them. One example of this was when staff supported people to use walking aids where they were at risk from poor mobility. Another example was when staff supported people to regularly change their position in beds and chairs so that their skin condition did not deteriorate.

We saw that the registered manager had assessed the risks to people within the home environment and taken action to reduce the risk of accidents. For example, they had ensured there was enough appropriate storage for equipment such as wheelchairs and hoists so that they were not left in the way of people when they were walking around the home.

The provider followed safe systems to recruit new staff. Staff we spoke with confirmed that a range of checks had been carried out before they were offered employment at the home. We saw that checks were carried out about potential staff member's identity and work history. Previous employment references had also been obtained. Disclosure and Barring Service (DBS) checks had been carried out to ensure staff would be suitable to work directly with the people who lived at the home. We also saw regular checks were carried out in support of the registered nurses employed by the provider to ensure their professional registrations remained valid and up to date.

People and staff we spoke with told us they felt there were enough staff on duty to ensure people's needs and wishes were met. Throughout our inspection we saw that staff were effectively deployed around the home based on the numbers and skill mix the registered manager had determined as being required by people who lived there. The registered manager had clear rotas in place and they told us how they undertook regular checks on staff response times to call bells to ensure staff always followed up calls in a timely. They said this ensured people were safe. One person told us, "When I need anything specific I use my call bell. The staff are quick to visit to check what I want. They have to prioritise. If I need something small doing and they are assisting another resident I fully understand. I do know if they say they will be back the carers return quickly."

There were arrangements in place to ensure that the medicines people needed to take were stored and administered safely. This included medicines that required extra safety measures to be in place regarding their storage and recording. We saw that there were enough supplies of the right medicines in the home. Records showed that staff signed medicine administration charts (MAR's) to confirm they had given people their medicines at the correct time and in the way they were prescribed.

As well as receiving their regular medicines at the time prescribed, people were able to ask for extra medicines to help with needs such as pain or anxiety relief. Where people were prescribed extra medicines they had a personalised protocol in place to guide staff about the reasons for administering the medicine and how to administer them safely.

We observed two members of staff completing medicine administration. They each wore an apron which informed people that they were not to be disturbed during the medicines round. They followed good practice guidance regarding medicines administration and infection prevention and control. Staff told us and records confirmed that they received training and support in relation to medication to ensure their knowledge and skills were up to date.

# Is the service effective?

## Our findings

People told us that the staff who supported them were skilled and knew about how to meet their individual needs. One person told us, "I think all of the staff know how to care for me. It's clear in the way they set my bed out and how to position me when I need to receive care." The person's relative commented that, "The staff are very professional in the way they look after [my family member] I am happy with the way they undertake their care tasks and they are clearly well trained to do their jobs."

Staff told us and records confirmed new members of staff employed by the provider received a detailed induction. The registered manager told us that all new staff they recruited were supported to undertake the new national Care Certificate. The Care Certificate sets out common induction standards for social care staff. The registered manager said the certificate was at the centre of the induction process for all new staff. Staff we spoke with said in addition to their induction and the training they completed they spent time shadowing more experienced staff so that they built up their practical experience of providing care and at the same time developed their skills.

Staff also told us they were provided with a range of on-going training which related to people's care and support needs. They said it helped them to understand people's needs and provide the right type of support. They also told us that they could request training courses if they felt they needed to know more about a person's specific needs such as Parkinson's disease.

We saw that some staff members had been allocated lead roles for topics such as infection control. Part of their role was to develop links with local groups in order to maintain a working knowledge of up to date practice in the subject area. This enabled them to support the rest of the staff team to maintain and develop their knowledge and skills.

Staff told us, and records confirmed that they met with senior staff or the registered manager regularly to discuss their personal development and training needs. They said that the registered manager or senior staff were always available and willing to advise and support them in their daily work. Staff said this was important so they could check if they were unsure about anything and that new staff would have the right levels of support in place.

Care records showed that people's capacity to make certain decisions regarding aspects of their life had been assessed. Where a person was able to make a decision for themselves their decision was recorded. There were also records to show where decisions had been made in a person's best interests when they were unable to do so. Best interest decisions were taken following discussions with those who knew the person well and were involved in their lives. We saw that staff asked people for their consent before they carried out support tasks and respected the person's wishes about how they wanted their support to be given.

We saw that people were encouraged to make their own decisions where ever possible. Examples of this were seen such as people being supported to choose where they wanted to spend their time and what they

wanted to eat. We saw that when people had difficulty making a decision, staff supported them by offering various options and suggestions. We saw an example of this when a person could not decide where they wanted to spend their time. A staff member sat with them and discussed what things they could do in various places within the home. This helped the person to come to their own decision.

The staff training programme included courses which helped staff to understand and follow legal guidance when supporting people with making decisions. Records showed that staff had received training about the Mental Capacity Act 2005 (MCA) and they demonstrated their understanding during our inspection. MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We saw examples of staff supporting people to decide what they wanted to do with their day and what they wanted to eat. People's support records showed the level of support they needed to make decisions for themselves. Where people were not able to make a decision we saw that staff had followed the MCA guidance regarding making decisions in a person's best interest, including involving others who knew the person well.

The registered manager and staff understood what constituted a restriction to someone's freedom. People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Although none of the people who lived at the home were subject to a DoLS authorisation the registered manager showed us she had submitted applications for authorisations for three people who lived at the home to have their freedom restricted in order to help keep them safe.

People's care records included information about their food and drink preferences and specific dietary requirements. This information was also available in the kitchen area to ensure that it was readily available when meals were planned and prepared. This ensured people had access to the food and drinks they had chosen and which were served in the way they needed to be. Care records also showed that people's dietary needs had been assessed using a nationally recognised framework and staff had supported people to access specialist services when they needed extra guidance with their diet. We saw that prescribed food and drink supplements were available where people had been assessed as being at risk from poor nutritional intake.

We saw that staff encouraged people to take regular drinks throughout the day. Kitchen staff had a daily routine for refreshing jugs of drinks in people's bedrooms so that they remained fresh. Bottles of water and a hot drink making machine were freely available to people who lived in the home and visitors.

There was a range of foods stocked within the home and we saw that they were relative to the menus available to people. There were also general stocks of food that allowed for flexibility when people chose to eat something different to what was on the menu. We saw menus were displayed around the home for people to make a choice of what they wanted to eat. The chef told us that people's choices were checked with them each day. This meant that if people chose food that was not on the menu it could be prepared for them separately.

People were supported to access the healthcare services they required. These services included their GP, specialist doctors and dentists. Care records showed when people had been supported to attend healthcare

appointments. A registered nurse told us that they had developed good working relationships with their local GP. They said that each week a nurse from the local GP surgery visited the home to discuss people's healthcare needs. This meant that people who lived in the home and staff had access to up to date guidance and advice about healthcare matters. This system also enabled timely referral to GP's where needed.

## Is the service caring?

### Our findings

People and relatives told us they thought staff were caring. One person said, "The staff are very very considerate and they have made me and all of the family who visit me really welcome." A relative told us, "The manager and staff are all very approachable. I think they are caring in every way and they go that extra mile to make me feel part of the home."

Throughout the visit we saw staff taking time to stop what they were doing and speak with people about how they were feeling. We saw many examples of staff taking time to sit with people and chat about the person's day or their lives before they moved into the home. One example was when a member of staff took time to sit with a person and help them to read a daily newspaper and discuss the news items with them.

The registered manager had demonstrated a caring approach when arranging opportunities for people within the home. For example, they had created a hairdressing and manicure salon so that people could experience a comfortable setting. They had ensured that a fully tuned piano was available for people or their visitors to use when they wished. There was also a comfortable and well-presented private dining room that people and their visitors could book to use when they wanted to enjoy meals or celebrations together. Meal trays for people who wished to eat in their own rooms were laid out with tray cloths, napkins, condiments, teapots, cups and saucers and appropriate cutlery. This helped ensure people had access to everything they might need at meal times and could eat as independently as possible.

Staff demonstrated throughout the inspection that they understood how to help people relieve their anxieties so that they could enjoy their day in a relaxed way. An example of this was when a person was anxious about what was happening around them. A staff member sat with the person and spoke about what was happening and what people were doing. They encouraged the person to play music which they enjoyed which helped the person to relax.

The registered manager had appointed two members of staff to support the staff team to promote dignity for people who lived in the home. These members of staff were known as 'dignity champions'. Staff said that supporting people to maintain their dignity was discussed at team meetings and together in their supervision sessions.

We observed staff supported people's privacy and dignity and they gave us examples such as knocking on people's bedroom doors and waiting to be invited in and speaking with people on their own about private matters. When staff provided support for people they gave explanations about what they were doing and how it would help the person. An example of this was when a person was receiving their medicines. The staff member explained what the tablets were for in a way the person could understand.

Staff recognised when people needed to spend time in their own company. They were aware of those people who preferred to spend time in their own rooms and there were also quiet rooms and areas set aside for people. People had signs for their bedroom doors to indicate to others when they did not want to be disturbed.

Following our inspection visit the registered manager confirmed the activity co-ordinator had created a personal journal for each person to record any one to one discussions they had about any additional special activity interests they wished to further develop but which might not have been considered. The registered manager said this information resulting from the discussions was being added to care plans as part of the continued development of their person centred care approach so that any changes could be fully supported together with the person.

The registered manager and staff told us about the importance of respecting personal information that people had shared with them. We saw people's personal records were stored securely, including those on computer systems. Passwords were used to protect any information held on computers so that only people who needed to see the records had access to them.

Information about local lay advocacy services was available throughout the home. Advocacy services can provide support for people to make and communicate their wishes and are independent of the provider's organisation. The registered manager confirmed how one person had been supported to access a lay advocate to help them communicate their views about their future care and how this should be met.

## Is the service responsive?

### Our findings

People and relatives we spoke with told us they knew staff used care records to confirm their needs and how they should be met. We saw care plans and risk assessments were in place for needs such as comfort and mobility, communication and nutrition. People told us they were consulted about their care needs.

Care plans clearly identified people's support needs and wishes. They gave information as to how staff should meet those needs. Care plans had been developed and were reviewed in consultation with people and their relatives. When it was needed, monitoring charts for needs such as nutrition, skin condition and continence were completed to show any changes in the person's needs.

Each person had a keyworker which they choose themselves. Key workers are members of staff who work closely with the person in order to get to know their individual needs.

We saw staff provided people's care as set out in their care plans. We found that they had a detailed understanding of people's needs and were able to describe how and why people needed the care planned for them. As well as being able to describe people's care needs, staff had a detailed knowledge of how people liked their care to be given and the things that made them comfortable. For example, one staff member told us about how a person liked their pillows arranged. Another member of staff described how a person liked to have their meals presented.

A relative we spoke with said they felt they were kept updated and where appropriate they were involved with any changes or developments related to the care provided for their family member's. When we spoke with one person about their care they told us they were, "Very happy with the care I get" but had been thinking about the way their room had been set out and was considering changing things around to make it easier for them to move around more without always needing additional help. With the person's permission we spoke with the registered manager who met with the person and us to discuss their ideas. Following the discussion the registered manager undertook immediate action to make the arrangements for assisting the person with the changes they proposed and to involve the person's relative in the process. After we completed our inspection the registered manager updated us to confirm the changes had been made and the positive impact this had for the person.

People were supported to access a range of communal and individual activities and to follow and develop their outside interests. The provider had set up a page on a popular social media website which promoted the activities and interests people followed. One person told us, "I can get Wi Fi in the home and I use my computer to speak with me family which is great. I can also see what is being posted about the activities and what we have been doing. It's great."

We spoke with the homes activity co-ordinator who told us they were available each weekday and showed us they had produced and published a regular programme sheet which was available for people to access. The activities on offer matched what the programme said was available. For example, on the day of our inspection we saw some people reading their morning paper. Other people were taking part in a 'sit and be

fit' exercise session. During the afternoon we joined a group of people undertaking a craft session which involved making cards for families and friends. One person said, "The things we do are in line with the things we are interested in." Another person said, "It's great to get involved in the things going on but it's our choice. It's just good to know there are things there if we want them. We are having a Chinese take away next week and the plans for it are being made." People also told us how they were looking forward to the home's Christmas fair and that they were involved in planning this.

We spoke with one person about how they had been supported to develop their individual interests. They told us they had an interest in wanting to learn to sail and had been supported through the transport available at the home to access a local sailing club. The person told us, "I am a member and I have someone who goes with me onto the boat. I'm really interested in developing my skills with this and enjoying it immensely." The person showed us a photograph of themselves in the boat saying, "I go most Thursday's weather permitting."

The activity co-ordinator and the registered manager told us how they kept activities and the development of these under review. For example, they confirmed they were increasing the number of hours available to support people with activities by an additional 40 hours in the near future and that two new staff members would be part of the activities team. We saw plans also near completion for a cinema room. One person told us, "We can't wait till it's completed. We are all really looking forward to using it soon."

The registered manager also told us they asked people about any religious beliefs people might wish to be supported with when they moved into the home. They also confirmed that if people did not hold a specific religious view or was atheist this was fully respected. The registered manager had used the information about people's beliefs to ensure regular communion was provided at the home for those who wished to participate.

There was a system in place to ensure any concerns or complaints were dealt with in a timely manner. The policy was displayed in the home and people knew how to access it. Staff demonstrated that they understood how to deal with any concerns people raised with them. When any concerns had been raised with the registered manager we saw they had kept a record of these and how they had responded to. At the time of this inspection the registered manager confirmed there were no outstanding concerns or complaints.

## Is the service well-led?

### Our findings

The provider had a registered manager in post who worked together with the provider's area manager and senior staff to manage the home. People told us the registered manager was well known to them and that the leadership and support structure at the home was clear. One person said, "The manager is supportive and strong which I think is great for us and for staff. The approach helps make sure things get done for us and we are well looked after. That's the bottom line." Another person told us, "I have lived here for a while and this is the best it has been. Very well managed." A relative told us, "The manager came out to carry out an assessment as part of the process of [my family member] moving here. The information and approach was very clear and we understood how the arrangements for care would be provided and how the manager worked alongside staff to do this."

Staff told us they were well supported by the registered manager and that they felt the staff team worked well together in being supportive of each other. One member of staff said, "We all work really well together. We have team meetings and get to know what's happening. There's good team communication." Another staff member told us, "There has been some positive changes since [the registered manager] came. We feel part of a team." Staff said they felt able to express their views which were listened to and respected by colleagues. They told us they were confident about raising any concerns they had and felt they would be addressed in the right way by the registered manager and senior staff. They were all aware of the provider's whistleblowing procedures and said they would use them if their concerns were not addressed.

We saw that people who lived in the home were comfortable and relaxed in their interactions with the registered manager and the deputy manager. The registered manager and deputy manager demonstrated a detailed knowledge of people's care and support needs. We saw that they supported staff with the provision of care as well as maintaining a management overview of the home.

The registered manager and staff told us about a regular monthly occasion that had been introduced to the home. Each month a different selection of staff and people who lived in the home had the opportunity to dine with the registered manager in the private dining room. Staff described the occasion as a 'fine dining' experience where a three course meal and drinks are served. They told us it was an opportunity for everyone to get to know each other better in a more social atmosphere.

Staff told us that as well as being able to provide feedback through team meetings and supervision they felt their contribution to the running of the home had been fully recognised. They spoke about the 'Employee of the month' award that had been introduced to the home. They told us it made them feel valued not least because everyone had a chance to vote, including people who lived in the home, staff and visitors.

The registered manager showed us they undertook a range of regular audit checks. These included maintaining care records so they were up to date, medicines, checks related to the care and welfare of people, and that the environment was safe for people to live in. In addition they had informed us of any untoward incidents or events which happened within the home in line with their responsibilities under the Health and Social Care Act 2008 and associated Regulations. Records showed accident and incident records

were reviewed as part of this process so that they could ensure the risks of incidents recurring were minimised. In addition the registered manager told us they had introduced weekly clinical risk meetings together with the nursing staff. The meetings were used to discuss and take any action to further minimise areas of risk related to areas such as, bed rails, falls, pressure ulcer management and nutrition and weight for people.

Where any changes had been identified as needed we saw they had been acted upon. For example, in relation to the environment the registered manager confirmed the home had been re-wired, under floor heating installed and all en-suite facilities and bathrooms refurbished. They told us the additional decorative work was due to be completed by the end of December 2016. People we spoke with said the environmental changes had made a difference to the home with one person saying, "It's got a lovely and different feel. It feels clean and new."

The registered manager audits were supported by the provider who undertook monthly quality assurance visits to the home. We saw the records for the last two visits made in September and October 2016. They showed the regional manager had spent six hours during each visit undertaking additional detailed checks and reviews of how the systems in place were working together with the registered manager. Areas covered included staffing, medication, care records and the refurbishment of the home. Where issues had been identified, for example any gaps in care records; they were followed up by the registered manager and addressed to make sure they were consistently reflective of the care being given. The visits also included the area manager making themselves available and speaking with and seeking feedback from people about their care. The report for October 2016 highlighted positive feedback had been received from people about their care and the home. These checks assured the quality of the services provided and that people consistently received an appropriate response to their needs for care.

The provider had a business continuity plan in place in order to make sure staff and people would be safe and know what to do if, for example they could not live in the home, for example due to a fire or flood. This information included essential contact numbers for the provider and emergency services and details about alternative temporary accommodation people could be supported to move to if required in an emergency.

People and relatives we spoke with told us meetings were held with them to enable them to give feedback on the quality and development of the service. One person said, "Oh yes we usually meet on the last Tuesday in every month and we are able to talk about anything we think needs addressing and also the good things as well." We saw the records for the last two meetings held in August and September 2016. In addition to the meals and activities provided a range of topics were discussed including the development of the environment and that a trolley with items for sale had been introduced for people to purchase their own personal care items such as shower gel. People told us the trolley was available twice a week and that this change was good.

Two people we spoke with told us they had previously been part of a resident's committee and they had enjoyed being part of this but that it had merged with the residents meetings held. One person said, "It would be good to get some clarity on whether the committee is still valid."

We spoke with the registered manager about this and following our inspection they told us, "We have now engaged residents to form a new subcommittee and meetings will be scheduled in every three months. The monthly residents meeting will remain unchanged. We will use both meeting outcomes to continue to improve and continue innovation within priory court and for our residents to have a true voice."

Relatives were also invited to attend meetings to share their views about the home and the registered

manager maintained records of these. We looked at the record for the last meeting. 15 relative's had attended and the feedback about how the home was being run was positive.

In addition the registered manager also confirmed people were consistently asked for their views about the services provided through access to visitor survey cards which we saw were always available and which could be completed at any time. They also told us they sought people's views through the use of survey questionnaires. These were sent out annually and covered a range of topics related to the care provided. Overall the feedback received for the latest survey completed in August 2016 was positive. Areas fed back for development had been added to an action plan by the registered manager and acted upon. For example, the development of activities and the number of hours available for providing these had been increased. We saw the feedback also included a request for more facilities to be made available for visitors. In response we saw people and visitors now had access to tea and coffee making facilities whenever they visited. Suggestions had also been made about improvements to the garden area. We saw this was in the process of being landscaped.