Mr & Mrs H Rajabali

Barons Down Nursing Home

Inspection report

Brighton Road
Lewes
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Tel: 01273472357

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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

Barons Down Nursing Home is located on the outskirts of Lewes, with some parking on site. The building has been extended and there is a large communal lounge/dining room on the ground floor with a conservatory at the side which overlooks the garden. People can access all parts of the home using the passenger lift and the gardens are wheelchair assessable.

The home provides support and care for up to 30 people with nursing and personal care needs. There were 25 people living at the home during the inspection. Some people required continual nursing care due to complex health care needs; including end of life care. Other people needed support with personal care and assistance to move around the home safely due to frailty or medical conditions and some people were living with dementia.

A registered manager was responsible for the day to day management of the home. 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 Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes and is part of the Mental Capacity Act 2005 (MCA). We last inspected this home on 25 November 2015 and found additional training was needed to ensure staff had a clear understanding of DoLS. Training in record keeping was required to ensure records reflected the care and support provided and evidence the involvement of people and their relatives in developing and review their care plans.

This inspection took place on 15 February 2017. Additional training had been provided for staff with regard to DoLS and they had a clear understanding of current guidance and their responsibilities. We found people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in place supported this practice and the provider was up to date with current guidance to ensure people were protected. This was reflected in the care plans, which were up to date and had been reviewed with each person and their relatives where appropriate.

People said the staff were very good and provided the support they wanted and needed. New staff were required to complete the Care Certificate and ongoing training; including protecting vulnerable people and health and safety, ensured staff had appropriate skills and an understanding of how to meet people's needs. Staff encouraged people to be independent and make choices and individualised risk assessments provided guidance for staff to assist people to ensure their safety.

There was an effective system in place for the management of medicines and staff competency was assessed to ensure they were up to date with current guidelines. People had access to health professionals

as and when they required and visits were recorded in their care plans; with relevant guidance for staff if any changes to support had been identified.

People said the food was very good, choices were provided and the menu was based on people's likes and dislikes. Group and one to one activities were available for people to participate in if they wished and people chose how and where they spent their time.

Feedback was sought from people, relatives, staff and health professionals through satisfaction surveys for the services overall as well as specific ones, such as a nutritional survey. People, relatives and staff said the management was approachable and the registered manager had an open door policy to encourage them to be involved in developing the services.

A complaints procedure was in place. This was displayed on the notice board near the entrance to the building, and given to people, and relatives, when they moved into the home. People, relatives and staff said they did not have anything to complain about.

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 had attended safeguarding training and had an understanding of abuse and how to protect people.

Risk to people had been assessed and managed as part of the care planning process. There was guidance for staff to follow.

People were cared for by a sufficient number of staff and recruitment procedures were robust to ensure only suitable people worked at the home.

Medicines were administered safely and administration records were up to date.

The premises were well maintained and people had access to all parts of the home.

Is the service effective?

Good

The service was effective.

Additional training had been provided for Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and had a clear understanding of current guidelines and their responsibilities.

Staff had received relevant training and provided appropriate support to meet people's needs.

People were supported them to maintain a healthy diet, with choices and assistance as required.

Staff ensured people could access to healthcare professionals when they needed to.

Is the service caring?

Good

The service was caring.

Staff knew people well and had positive relationships with them. People were treated with respect and support was provided in a

kind and caring way.

People were encouraged to be actively involved in decisions about their care make choices about all aspects of their day to day lives.

People were encouraged to maintain relationships with relatives and friends and visitors were made to feel very welcome.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they moved into the home and they received support that was personalised in line with their wishes and preferences.

People decided how and where they spent their time, and activities were provided for people to participate in if they wished.

People and visitors knew how to make a complaint or raise concerns with staff.

Is the service well-led?

Good

The service was well-led.

Feedback was sought from people, relatives, staff and visiting professionals to assess the services provided and identify areas for improvement.

Quality assurance and monitoring systems were in place and the provider and staff were continually looking for ways to improve the service.

The registered manager provided clear leadership; there were clear lines of accountability and staff were aware of their responsibilities.

Barons Down 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 checked 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 the 15 February 2017 and was unannounced. The inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who used this type of service.

We looked at information we hold about the home including previous reports, notifications, complaints and any safeguarding concerns. A notification is information about important events which the home is required to send us by law. The provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and any improvements they plan to make.

As part of the inspection we spoke with 16 people living in the home, six relatives, and 10 staff including the cook, the activity co-ordinator, care staff, the nurse on duty and the registered manager. We observed staff supporting people and reviewed documents; we looked at four care plans, medication records, two staff files, training information and some policies and procedures in relation to the running of the home.

Some people living in the home were unable to verbally share with us their experience of life at the home, because of their health care needs. Therefore we spent a lot of time observing the interaction between people and staff; we watched how people were cared for by staff in communal areas and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People said they were comfortable living in Barons Down and that the staff looked after them very well. They told us, "Yes, I would say I feel safe. I really like the girls, each one is careful and cares for me well" and, "I'm really well looked after here; I'd say I feel very safe. If I'm having a day when I'm feeling a bit wobbly on my legs they offer me the option to stay in bed or go down to the lounge in a wheelchair." Relatives were equally positive, one said, "I think he's very safe and well looked after, I don't think anywhere else could provide better quality care." Staff had a good understanding of people's needs and how to ensure they were safe while supporting them to be independent.

As far as possible people were protected from the risk of abuse or harm. Staff had completed adult safeguarding training within the last year, or were booked to attend. They had an understanding of protecting people from abuse and identified the correct safeguarding procedures should they suspect abuse. One said, "If I had any concerns I would intervene straight away and would report it to the nurse or the manager" and, "I know I can contact the local authority if I am still worried." Staff told us they had read the whistleblowing policy and, "We can talk to the manager at any time if we have any worries, which is good and I am sure problems would get sorted out." People, relatives and staff said they had not seen anything they were concerned about.

Risk assessments specific to each person's needs were in place and had been reviewed and updated as people's needs changed. These included mobility and moving and handling assessments, with guidance about the use of waling aids, hoists and wheelchairs to assist people to move around the home as they wished and Waterlow assessments to look at skin integrity, with the use of pressure relieving mattresses and cushions to reduce the risk of pressure damage. People were supported to be independent and take risks and staff were available to ensure they made choices. One person wanted to go to the lounge for lunch; they used their walking aid to move into the corridor and then felt unsteady. Staff asked them if they wanted to return to their room or go to the lounge; they said they wanted to go to the lounge and staff used a wheelchair so that the person had chosen what they wanted to do and staff ensured they had done this safely.

The clinical lead, a senior nurse, was responsible for the management of medicines and there were clear systems in place to manage them safely. Medicines were ordered monthly, checked and stored in a lockable trolley and cupboards in a locked room on each floor. The medicine administration record (MAR) contained photographs of people for identification purposes, their GP and contact details as well as any allergies they had. Staff locked the medicine trolley when leaving it unattended and did not sign MAR until medicines had been taken by the person. There was guidance for staff to follow when giving out as required medicines (PRN), such as for pain relief, and these were recoded appropriately with the reasons they had been given on the reverse of the MAR. There were no gaps in the records and staff were knowledgeable about the medicines they were giving. Staff said they checked the MAR each time they were responsible for giving out medicines. A weekly audit ensured that this process was effective in identifying gaps and if staff needed additional training to follow the provider's processes safely.

There were sufficient staff to ensure people received the support they wanted and needed. One staff told us, "We know what time people prefer to get and where they like to spend their time and, we can plan our time if they have an appointment or are going out with relatives so they are ready." People said the staff were very good and had time to stop and chat with them and their relatives. They told us, "I don't usually have to wait long for them to help me and there are some people who need them more" and, "I think the staff do a really good job they don't try to hurry us, which is nice." The registered manager said they had assessed the staffing levels and had identified that additional staff were needed at certain times of the day. Such as just after lunch when most people who used the dining room wanted to go back to their rooms. The registered manager had offered employment to new staff to cover this period and had been waiting for their Disclosure and Barring System (DBS), police check to be completed.

Recruitment procedures were in place to ensure that only suitable staff worked at the home. We looked at the personnel files for new staff. There were relevant checks on prospective staff's suitability, including completed application forms, two references, interview records, evidence of their residence in the UK and a DBS check. Staff told us they had only been offered work at the home when they checks had been completed.

There was evidence of on going maintenance. Staff completed a maintenance log book when they noted areas for repair and these were signed off and dated when they had been completed. Up to date health and safety documentation was in place to show checks had been completed such as emergency lighting, call bell testing, waste disposal and water safety through legionella tests. Gas and electrical certificates were in place and the lift, hoists and stand aids were maintained by external contractors, with contact details available to staff if needed. The fire alarm system was checked weekly; staff had completed fire safety training which had included evacuation procedures in case of emergency. Staff were aware of people's individual personal emergency evacuation plans (PEEPs) and told us a senior staff member was on call in case they needed support.

Accidents and incidents were recorded and the registered manager monitored these and audited them monthly, they said no trends had been found. Staff said if an accident or incident occurred they would inform the registered manager or nurse on duty and an accident form would be completed. Information about what happened was recorded, staff discussed what happened and action was taken to reduce the risk of a re-occurrence.

Good

Is the service effective?

Our findings

People were very clear that staff were well trained and knew their needs. One person told us, "I have to be helped with everything because I'm so immobile now, but they all know what to do for me and they train the new ones so they know, they're so gentle. Always checking to make sure I'm okay." A relative said, "I think the staff are very well trained, they seem happy. I think they cope very well" and, a member of staff told us, "I've done training courses and they're good and helpful but a lot of it is common sense." People liked the food and told us, "The food is really good and you get about four choices. It couldn't be better" and, "I didn't eat this well when I was at home but it's always so nice it encourages you to eat."

Staff had completed training in Mental Capacity Act 2005 (MCA) and demonstrated an understanding of mental capacity assessments and when these may be appropriate. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff supported people to make choices about the care provided and asked people where they wanted to sit, if they were comfortable or wanted a drink and they prompted people living with dementia to have a drink regularly. Staff said, "Residents can all make decisions about how we look after them, like when they get up and where they want to spend their time." "Some people have dementia and might not be able to tell us what they want to do, but we know them very well and can see if they want something from their body language when we talk to them" and, "That makes it easier to pick up little signs that someone may be out of sorts because we know what they are usually like." A relative told us, "Staff always ask what (Name) wants to do. I visit at any time and (Name) is comfortable and very well looked after, even though memory is not too good at times."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff had a clear understanding of DoLS and when the procedure should be followed to protect people. Staff said this was, "Only done when a person was at risk of harm" and, involved discussions with health and social care professional, relatives, the person concerned and staff. Staff had attended additional training with regard to MCA and DoLS and had a clear understanding of when referrals to the local authority should be made and, that referrals under DoLS had been when required for people living in the home.

Staff told us they completed induction training when they first started work at the home and they were encourage to work towards national vocational qualifications (NVQ). One staff said they had worked with more experienced staff as they, "Got to know people and they got to know me, which was very good." The registered manager told us all new staff had signed up to do the care certificate, which is a set of standards that health and social care workers adhere to in their daily working life and they had assessed them for each module to ensure they had the knowledge and competency to meet people's needs. Records showed that three care staff had been working towards the certificate, that seven care staff had completed NVQ level 2 and three staff had completed level 3.

A training plan was in place and records showed that staff had attended relevant training, including dementia awareness, infection control, moving and handling and food hygiene. Staff said they were required to attend the training and felt supported by management to develop the skills and understanding of people's needs and how to provide the support people wanted and needed. Nurses confirmed that they had opportunities to support their professional development as part of their evidence for re-validation to remain registered with the Nursing and Midwifery Council.

The registered manager said one to one supervision had been reviewed following the resignation of two nurses. A supervision programme was in place and this would start when recently employed nurses had completed the training to supervise staff on a one to one basis. Currently the time available following training sessions and staff meetings had been used for group supervision. Staff said they had been able to discuss issues or improvements during the meetings and one told us the registered manager was, "Very approachable, she'll always make time for you and listens to you, not just about things that happen here but if something happens at home."

People told us the food was very good and that choices were available. One person said, "We can have what we want and there is always more than one meal to choose from." Staff were aware of people's preferences and a list of people's likes and dislikes was on the board in the kitchen. The cook said the menu was based on these and the feedback from the nutritional survey. Changes requested included low salt meals and low fat ice cream, which were available if people wanted them. One staff told us, "They can have what they want; we can re-heat meals, we have a temperature check, if they choose to eat later and snacks are available at any time. Staff have access to the kitchen to make sandwiches or a hot meal like egg on toast, if that is what people want. It is really up to them." One person said, "I don't particularly like what they have on the normal menu for supper because it's just soup and a sandwich but I've told them and I can have something different if I ask for it."

People chose where they wanted to sit and the atmosphere was relaxed and sociable. Some used the dining tables and sat chatting in small groups or quietly depending on what they preferred. Staff involved people they assisted with meals; they asked them if they liked the food, if they wanted more or had had enough and talked generally about different topics, such as what they might want to do after lunch. Condiments, napkins and drinks were provided for each person and staff prompted or assisted people to eat their meals as required. People were supported to have enough to eat and drink; their weights were monitored monthly and if staff had any concerns a fluid and food chart was used to record exactly how much people ate and drank. Staff told us, "We add cream and cheese to meals if we have assessed people as needing additional calories and if people need supplements we contact the GP for referral to the dietician."

People had access to healthcare professionals as and when required. One person said, "From time to time I have to go to the hospital for appointments but they arrange it all for me and make sure there's someone to go with me." Visits to the home were arranged as necessary and included GPs, opticians, dentists and continence nurse. These had been recorded in each person's care plan with guidance for staff to follow to support people as their needs changed. A relative told us, "They always phone me to advise me if they need to call the doctor or have any concerns."

Good

Is the service caring?

Our findings

People and relatives were very positive about the staff and how they provided care. One told us, "They're always courteous. I've never been treated with anything but the utmost consideration. When it was my birthday they made me a cake and all the staff came and sang Happy birthday to me, it made me feel very special, like I mattered. That's so important." A relative said, "The staff that look after (Name) seem very fond of her and seem to genuinely care. They certainly put in a lot of hard work and are very dedicated I think." Relatives said they were always made to feel welcome. One told us, "They always seem pleased to see me and they always offer me a cup of tea."

Staff treated people with respect when they spoke to them; they used their preferred name and people responded with laughter and smiles as they chatted together. Staff attracted the attention of people living with dementia by softly touching their arm or hand; they ensured people could see their face as they spoke to them and staff waited for a response before they assisted people. The support provided was given with kindness and in a caring way. People told us, "If I'm having a day when I'm feeling a bit wobbly on my legs they offer me the option to stay in bed or go down to the lounge in a wheelchair. They see how I am and then we make a decision together. They always consider what I want to do" and, "I really like the girls, each one is careful and cares for me well. They do their their best for me I know." Relatives were equally positive and one said, "I cannot fault the quality of care, we've said for a while now, iIf/when we need care we want to go in there."

Staff understood the importance of protecting people's privacy and dignity. They knocked on people's bedroom doors and asked for permission to enter, while telling people who they were. They talked to people as they supported them with personal care or cleaned their room and asked people if they needed help with anything else before they left. Staff asked people sitting in the lounge discreetly if they wanted assistance with personal care and they used screens to protect their dignity as they assisted them to transfer to and from armchairs to wheelchairs to move use the bathrooms or return to their rooms. Staff said they were aware of how people might feel when they needed support to move around the home and could empathise and understand it might be difficult and they kept this in mind at all times. One told us, "How would you like to be treated is a good starting point."

Staff told us they had read the care plans and demonstrated a good understanding of people's life story, which included details of their personal history, people who were important to them, their employment and their hobbies and interests. Staff said, "We can support residents to plan the care we provide if we have a clear understanding of what is important to them and information about their lives before they moved in can help us do this." Staff told us relatives and friends were encouraged to visit people when they wanted to and relatives said they could visit at any time and were able to join their family members for meals if they wished. One told us, "It's a nice offer because I do miss having someone to eat with, I haven't taken them up on it yet but it's nice to be asked."
People's equality and diversity needs were respected and staff were aware of what was important to them. People were supported to dress as they liked. One person told us as we were introduced that they wanted to change they blouse they had on. Staff opened the wardrobe door and patiently showed the person the

blouses, allowed them time to choose the one they wanted and supported them to change. Staff said, "We respect people's choices and always ask for their consent before we support them."

End of life care had been discussed with some people and their relatives where appropriate and, this had been recorded in the care plans. Do not resuscitate forms had been discussed with healthcare professionals and completed by people or their relatives.

Good

Is the service responsive?

Our findings

People said the care they received was planned with their personal involvement and based on their individual needs. One person told us, "Staff ask me all the time if I need anything else or if they are doing what I want them to." Relatives told us they had discussed their family member's needs with them and the staff before they moved into Barons Down and at regularly intervals since. Staff said they involved people and their relatives in discussions about all aspects of the care and support provided. One told us, "We are here to help residents to live comfortable lives so we have to ask them what support they want to understand how we can do this best."

Staff said people and their relatives were encouraged to visit the home to meet people and staff and have a look at the rooms available. One said, "To see if they like the rooms we have available and also the home itself. We are quite open about the services we offer." One relative said, "I looked around the area to see which homes were suitable and I am glad we decided on this one." The registered manager told us people's needs had been assessed before they were offered a place, to ensure they provided the care and support they needed. Staff said the information from the assessments was used as the basis of the care plans, which were developed and updated with the involvement of people living in the home and their relatives, if appropriate.

The care planning system had been reviewed since the last inspection and the care plans we looked at were legible, person centred and up to date. They identified all aspects of people's individual support needs with clear guidance for staff to follow. For example, a risk assessment had identified a person was at risk of falls as they were unable to weight bear and stand on their own. The guidance for staff was to use a full hoist to assist the person to transfer from bed to wheelchair and then from wheelchair to armchair by two staff, so they could use the lounge if they wanted to. Assessments also identified the lack of mobility may increase the risk of pressures sores and to reduce the risk pressure relieving mattresses and cushions were in place, which were checked twice daily to ensure they were at the correct pressure and this was recorded. The person's nutritional needs had been assessed; the Speech and Language Team (SaLT) had prescribed a pre mashed diet, with additional cream in the meals the enjoyed, like porridge and soups. The guidance for staff included drinks to be provided in beakers with straws for this person and staff to assist them with meals using a spoon. Staff said the care plans were specific to each person and the guidance was clear and easy to follow. The care plans had been reviewed and updated when people's needs changed and there was evidence that people and their relatives had been consulted to develop and review them. One person told us, "Yes I have a care plan, we have talked about the support I need and I have signed the care plan to agree with what they do." A relative said, "I have been involved from the beginning which is very good as (Name) memory isn't as good as it was, so I know what is going and she seems very happy here."

People and relatives said the care was good and staff offered the support people wanted and needed. One person told us, "I'm treated like a king, the girls are wonderful, there's two I call the terrible twins it's just a joke." A relative said, "(Name) has improved since he went to the home. He had lost the initiative to do things before he went in but seems better now. He's started reading again which he hasn't done for a long time and he really enjoys the food." Staff told us they got to know people very well and knew when they

were, "Not quite themselves, so we let the nurse know and they check to see if they are unwell."

One of the care staff had recently taken on the role of activity coordinator and had been talking to people and their relatives to develop a programme based on people's ideas and preferences. The coordinator introduced us to people as they showed us the home and talked about how people wanted to spend their time and how activities would be planned around this. A number of people chose to return to their room after lunch while a small group remained in the dining area to take part in the activities, this meant a range of activities were needed to meet everyone's needs and required all the staff to be involved. Group activities took place during the inspection; five people sat together in the dining area and played games, chatted and laughed. At other times the coordinator spent time with people in their own rooms talking or playing games. Staff were warm and friendly with people and visitors; one of the care staff painted a person's finger nails and another talked to a person who remained in bed. Staff respected people's choices, people were told about the activities and it was up to them if they joined in. One person said they preferred to stay in their room listening to music and a relative told us their family member had never liked too much company so going to the dining room for lunch was enough.

A complaints procedure was in place; it was displayed on the notice board and a copy had been given to people and their relatives when they moved into the home. Staff were clear that if people, visitors or other staff made a complaint they would tell the nurse or registered manager; although there had been no complaints since the last inspection. People and relatives told us they had no concerns. One relative said, "I'm not familiar with the formal complaints procedure but I feel confident that if I had a complaint they could or they would do their level best to resolve it. I think the intent is good." Another relative told us, "I do know how to raise a complaint and would if necessary but I actually have no complaints about the management. I think they do an amazing job."

Good

Is the service well-led?

Our findings

People and relatives told us the care provided was good and the home was well managed. Relatives said, "I think it's very well run, you've got good friendly staff and there's always an open door if there's anything you want to talk about" and, "Always when I go in the manager comes and sees me and brings me up to date with any changes - you can't ask for more really." People told us there were opportunities to talk about the services provided. One person said, "There are meetings that we can attend if we want to and there have been some questionnaires, about the home and the food and they are asking us about our hobbies and interests at the moment. It's good that they listen to us." Staff told us the management were very supportive and they felt all the staff worked very well as a team. One said, "Staff said the registered manager was, "Very supportive and it makes the job better. I love working here, I feel valued."

The provider had reviewed the areas where the need for additional training had been identified at the last inspection and training in record keeping and duty of candour had been provided. We found at this inspection that people and relatives had been involved in reviewing the care plans; there was evidence they had discussed their needs and preferences with staff and that the care plans had been based on these. Records showed that people's views had been sought, which meant people had an opportunity to alter their care plan if they felt it had not reflected their care needs accurately. A relative told us, "We've had review sessions when we're asked to go into the office for a one to one chat and they also hold sessions for resident's families to attend. I think it's well run and the fees are reasonable considering the care provided." A system had been set up for nurses to update and review care plans with the people concerned and, the registered manager had audited them to ensure they were up to date and contained relevant information. The registered manager said handovers and team meetings had also been used to discuss the records to ensure staff were clear about their responsibilities.

The registered manager said training in duty of candour had been provided for all staff and they demonstrated an understanding of this regulation that came into force in April 2015. Staff said the culture of the home was to be open and honest about all aspects of the services provided. This included informing relatives, CQC and health and social care professionals about incidents of changes to the service that might affect people living in the home. One staff told us, "We always tell relatives if people have had a fall and what action we have taken to reduce the risk as much as possible to stop it happening again." Another said, "I think we have been open with people all the time, so the new regulation doesn't mean we have to change the way we work, but we need to know about it."

As part of the quality assurance and monitoring a number of audits had been carried out, including care plans, daily records, MAR, accident and incidents reports and complaints. The registered manager said issues identified during the audits were recorded on the forms and the next audit checked they had been addressed. The audits we looked at showed that the system was effective and continued to highlight areas that needed improvement. For example, the flooring in one of the ensuite bathrooms, which had yet to be addressed by the provider.

Satisfaction surveys were used yearly to obtain feedback from people living in the home, relatives, GPs and

healthcare professionals and we looked at the results from June 2016. The response from people living in the home for security within the home, being treated as an individual with dignity and respect and privacy was 100%. The registered manager said they had used the survey to invite respondents to meet with them to discuss any issues they had. People living in the home did not ask for a meeting and three relative asked to meet the registered manager. Comments received were positive and negative, such as "Thank you so much Mum has had a very happy stay with you and would be very pleased to come again" and, "Meals are not good would like more choice." The registered manager said an action plan had been used to address any issues and these had been resolved since the survey. For example, the nutritional survey had been used to obtain feedback about all aspects of the food and drink available.

There were regular residents and relatives meetings. People and relatives were aware of these and some chose not to attend. One relative said, "I visit nearly every day and I can talk to the manager and staff at any. I have a good idea of the care (Name) receives and I am happy with it." Staff told us the meetings were a good opportunity for the registered manager to let them know of any planned changes or training opportunities. Such as when new staff would start work at the home. The minutes from the meeting had a review of the previous meeting so they were able to ascertain if issues raised previously had been resolved and, it was clear participants were encouraged to be involved in the discussions.

The provider had informed us of important events that occurred in the home. For example, notifications had been sent in to let us know about issues with fire doors and the action they had taken to address them.