Saint Jude Residential Care Home Limited

Saint Jude Care Home

Inspection report

6 Warren Road
Blundellsands
Merseyside
L23 6UB
Tel: 0151 924 8427
Website:

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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**

Overall summary

The inspection took place on 21 and 22 July 2015 and was unannounced.

Situated in a residential area of Blundellsands and located close to public transport links, leisure and shopping facilities, Saint Jude Care Home is registered to provide accommodation and personal care for up to 17 people. The home has one double and sixteen single bedrooms situated over three floors. There is a passenger lift which provides access to the upper floors. The property is a large semi-detached property, which has a large front paved area for parking and a large garden at the rear. Communal living areas include a large dining room/lounge area and another lounge on the ground floor. There were 17 people living at the home at the time of our inspection.

There was a registered manager in post. 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.

Summary of findings

Relatives told us they felt the care home was a safe place for their family member. Safeguarding procedures were in place. Staff understood what adult abuse was and the action they should take to ensure actual or potential abuse was reported. Staff were aware of the whistle blowing policy and said they would not hesitate to use it.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. Staff and visitors we spoke with told us there was sufficient numbers of staff on duty at all times. We observed that people's needs were met in a timely way by the staff.

A range of risk assessments had been completed for each person depending on their individual needs. We saw this in areas such as, falls, nutrition, mobility, continence management and pressure relief.

People's care needs were recorded in a plan of care and support was given in accordance with individual need. Care documents showed regular reviews had been conducted, with any changes in circumstances being clearly recorded, to ensure staff had up to date information about the needs of everyone living at the home.

People received their medication at a time when they needed it. Systems were in place to ensure medicines were managed in a safe way.

People living at the home were supported by the staff to access a range of external health care professionals when they needed to.

People's nutritional needs were monitored by the staff. Menus were available and people's dietary requirements and preferences were taken into account. People told us they enjoyed the food and they got plenty to eat and drink.

Staff sought people's consent before providing support or care. The home adhered to the principles of the Mental Capacity Act (2005). Applications to deprive people of their liberty under the Mental Capacity Act (2005) had been submitted to the local authority. Mental capacity assessments had been completed for people living at the home but these were general in nature and not decision-specific.

Staff told us they were well supported through the induction process and regular supervision. The staff we spoke with said they were up-to-date with the training they were required by the organisation to undertake for the job.

People could take part in social activities and were given the opportunity to go out with the staff if they so wished.

The building had recently been refurbished. The environment was clean, well-lit, airy and clutter free. Measures were in place to monitor the safety of the environment.

The culture within the service was and open and transparent. Staff told us management was both approachable and supportive. They felt listened to and involved in the development of the home.

Arrangements were in place to seek the opinions of people and their relatives, so they could provide feedback about the home. This included satisfaction surveys and residents' meetings.

Audits or checks to monitor the quality of care provided were in place and these were used to identify developments for the service.

A procedure was established for managing complaints.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff understood how to recognise abuse and how to report concerns or allegations.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults.

Medication was stored securely and administered safely by trained staff.

There were enough staff on duty at all times to ensure people were supported safely.

Staff had completed a range of risk assessments for each person depending on their individual needs.

Is the service effective?
The service was effective.

Staff said they were well supported through induction, supervision and the home's training programme.

People told us they received enough to eat and drink and chose their meals each day. People's dietary requirements and preferences were taken into consideration and people said they liked the meals.

People's physical and mental health needs were monitored and recorded. People were supported to access a range of health care services when required.

Is the service caring?
The service was caring.

People had choices with regard to daily living activities and chose what to do each day. They told us staff treated them with respect.

There was a good rapport between the staff and people they supported. Staff were kind, respectful, caring in their approach. Staff took time to listen and to respond in a way that the person they engaged with understood.

Staff demonstrated a good knowledge of people's individual care, their needs, choices and preferences.

Is the service responsive?
The service was responsive.

People had their needs assessed and staff understood what people's care needs were. We saw that people's plans of care and risk assessments were regularly reviewed.

Referrals to other services such as the dietician or occupational therapist or GP visits were made in order to ensure people received the most appropriate care.

Summary of findings

People could take part in social activities and were given the opportunity to go out with the staff if they so wished.

A process was in place for managing complaints.

Is the service well-led?

The service was well led.

We received positive feedback about the manager from staff, people who were living at the home and relatives.

We found an open and person-centred culture within the home. This was evidenced throughout all of the interviews we conducted and the observations of care.

There were systems in place to get feedback from people about the home.

The service had a quality assurance system in place with various checks completed to demonstrate good practice within the home.

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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 21and 22 July 2015 and was unannounced.

The inspection team consisted of an adult social care inspector and an expert-by-experience.

An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home. This usually includes a review of the Provider Information Return (PIR). However, we had not requested the provider submit a PIR prior to this inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at the notifications the Care Quality Commission had received about the service. We contacted the commissioners of the service to obtain their views.

During the inspection we spent time with five people who lived at the home. We spoke with the manager/provider (owner), the deputy manager, two care staff and the cook. We also spoke with visitors, this included relatives during our inspection to gain their views of the home.

We looked at the care records for three people, four staff recruitment files, medicine charts and other records relevant to the quality monitoring of the service. We undertook general observations, looked round the home, including some people's bedrooms, bathrooms, the dining room, lounges and external grounds.

Is the service safe?

Our findings

All of the service users we spoke with told us they felt safe living at Saint Jude Care home.

One person said, “They can do more for me here than if I was living on my own. If you don't feel too good they make sure your bed is really comfy and check on you in the night.”

One relative we spoke with told us, “My (family member) had a fall. I can’t fault the system within fifteen minutes they had arranged for a paramedic and rang me to let me know. They are as safe as houses here”

Staff understood how to recognise abuse and how to report concerns or allegations. The provider had a safeguarding vulnerable adults abuse policy which outlined the process to follow when reporting allegations of abuse. The policy was in line with the local authority’s safeguarding policy and procedures. Contact details for the local authority safeguarding team were clearly displayed on a staff notice board. We asked staff about blowing the whistle on poor practice. One staff told us, “I have never blown the whistle but I am sure the manager would react if I did and make any changes necessary.” Training records confirmed staff had undertaken adult safeguarding training.

We found staff had completed a range of risk assessments for each person depending on their individual needs. These included nutrition, falls, pressure area care and moving and handling. We found these records had been rewritten in June 2015 in a different format by the new provider’s management team. Two of the care records we looked at showed risk assessments had been reviewed in July 2015 to ensure the information recorded was accurate and met people’s needs. Having these records in place helped staff to support the person in a consistent way and to ensure their safety and the safety of others in the home.

Our observations showed people were supported safely by the staff. During our inspection the manager was on duty with a deputy manager, a senior carer, one care staff, cook, and one domestic staff. During the night the home was staffed with two carers. In addition an activities coordinator worked from 9am to 2pm, three days a week and from 9am to 11am two days a week. They provided additional assistance during the lunchtime meal when the home was full. The manager informed us that some people who lived in the home regularly went out usually on two set days in the week. The manager and deputy manager provided additional support for the staff. The deputy manager told us they started work at 8am and supported staff with personal care. We saw both managers assisting at lunchtime with the serving of meals. The managers worked across seven days, to provide a management presence and staff support each day.

We looked at the staffing rota and this showed the number of staff available. The staff ratio was consistently in place to provide necessary safe care.

The provider did not use agency staff. They had bank staff, who had worked at the home, who covered shifts mainly during holiday periods. Regular (existing) staff were offered overtime. These shifts were offered four weeks in advance where possible, to ensure suitable cover was provided.

We asked people if they felt there were enough staff on duty. Comments from relatives included: “Staff are available most of the time. I have always been able to get assistance if I needed it”, “They need more staff, they seem run ragged sometimes” and “Generally there seems to be enough staff, there is a manager plus two carers”.

We looked at how staff were recruited to ensure staff were suitable to work with vulnerable people. We looked at four staff personnel files. We found that appropriate checks had been undertaken before staff began working at the home. We found application forms had been completed and applicants had been required to provide confirmation of their identity. We saw that references about people’s previous employment had been obtained and Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff working at the home. DBS checks consist of a check on people’s criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff.

We found that the manager/owner had completed new 'DBS checks' with all staff when they took the business over. They told us the provider’s renewal policy was to renew the DBS check every three years.

Medication was managed appropriately and safely. We found that medicines were administered by suitably trained staff. The medication administration records (MAR) we looked at were completed to show that people had

Is the service safe?

received their medication. Each record had a photograph of the person and recorded any allergies they had. Guidance for the administration of PRN (as required) medication had been completed for those who required it. This was recorded with the MAR to ensure staff were aware of the procedure for the safe administering of PRN medication.

Staff ensured the medicines' trolley was locked when unattended. Staff waited with people until they took their medication. This helped reduce the risk of errors occurring and ensured medication was taken. We checked the training records for the staff on duty and found they had received training for the safe administration of medicines.

We found that medicines, including controlled drugs were stored safely and adequate stocks were maintained to allow continuity of treatment. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Legislation. Regular monthly medicine audits were completed by the registered manager to help ensure that any shortfalls or errors would be promptly identified and addressed. Any medication errors were listed and addressed by the registered manager.

Incidents that affected people's safety were documented. The new provider took over the home on 1 February 2015. We saw there had only been one incident. The deputy manager informed us that they planned to set up an audit process to identify trends, patterns or themes.

Policies and procedures were in place to control the spread of infection and domestic staff were required to follow. One domestic staff member worked each day. Night staff also assisted with the cleaning of the home during their shifts. Cleaning schedules were in place and staff were required to complete a schedule to demonstrate the work they had completed. The manager informed us they looked at these schedules each morning, but did not record any actions or issues. They said they dealt with the issues immediately with the domestic staff.

We asked people about the cleanliness of the home. One relative said "Cleanliness is one of the things that attracted me to this home. They change the bedding regularly and it's one of the best homes I have seen". Another relative said, "This home is spotless."

We found the home to be clean and this included the laundry room, kitchen and food storage areas. We found that all areas of the home were safe and well maintained. Records were kept to ensure the quality and safety of the premises. We saw that the firefighting equipment and the fire alarm were tested each week and emergency lights tested each month. We saw service contracts were in place for the passenger lift and legionella compliance.

The provider had comprehensive emergency business continuity plan. This included emergency plans for loss of gas, electricity or heating, for severe weather, fire and floods. Plans helped to ensure people who lived in the home would be safe should an emergency situation occur. Personal emergency evacuation information was currently located in the office, which was situated in the basement. We suggested the provider may wish to relocate this information to a more accessible location like the front door or emergency exit. We saw that a full evacuation of the home had taken place in May 2015. Records showed the building was evacuated in a timely manner. The provider informed us that the Fire Service has visited very recently to assess/complete the building and evacuation plans.

Is the service effective?

Our findings

People who lived at the home gave us good feedback about the staff team and the care and support they provided. Relatives we spoke with told us they were satisfied with the care their family member received.

Our observations showed staff had had a good awareness and knowledge of people's support and care needs. People appeared comfortable and relaxed with the staff. We asked staff how they learned about people's needs. Staff told us they read people's care plans and daily notes to learn about any changes in their health or support needs. One staff member told us, "All of the information relating to service users is in their care plan; we also keep a daily log including whether service users are happy or sad and we include any behaviour or achievements". We were shown one page documents that were completed by staff at the end of every shift to give a résumé of each person who lived in the home as a handover for incoming staff. This helped to ensure they were fully aware of any changes in people's health and welfare.

Staff told us they felt well supported and trained to meet people's needs and carry out their roles and responsibilities effectively. One staff said, "I am happy with the training and supervision that I receive. We get training packs from the manager. The trainers come to the home."

We viewed four staff files which contained induction and training information. Training records showed us that staff regularly received mandatory (required) training in a range of subjects such as: safeguarding vulnerable adults, health and safety, infection control, moving and handling, fire safety, first aid, and food hygiene. Other training courses staff had attended included medication administration, dementia care, end of life care and equality and diversity. The provider had introduced the new Care Certificate for the induction of new staff. From April 2015, new health and social care workers should be inducted according to the Care Certificate framework. This replaces the Common Induction Standards and National Minimum Training Standards.

Training records we looked at showed us that 83% of the care staff had completed a national vocational qualification (NVQ). 35% of staff had achieved NVQ at level 3 or 4, and 35% of staff were completing an additional NVQ at level 3, 4 or 5. This shows staff were committed to formal learning in health and social care to increase their knowledge and skills.

We saw that staff had regular supervision. The manager told us that supervision was held in different formats. We saw that every month staff were given a questionnaire called a 'Coffee Moment' to complete. Staff we spoke with told us, "We receive a sheet once a month, it's called coffee moment and it has speech bubbles on it, to say what you have liked, disliked and what changes you would like to see. After 2 weeks you get feedback." In addition staff meetings were held each month. We saw minutes from the meeting held in May 2015. One to one sessions were yet to be held by the new manager with the care staff.

The manager and deputy manager had knowledge of the Mental Capacity Act (2005) and their roles and responsibilities linked to this. We spoke with them manager about how they would support a person to make a decision when there was a concern about their mental capacity to do so. The manager had a good understanding of this. The manager told us most of the staff had been provided with training on the Mental Capacity Act (2005). The Deprivation of Liberty Safeguards (DoLS) is a part of the Mental Capacity Act (2005) that aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

The manager advised us that applications had been made in respect of six people living at the home and were awaiting a decision from the relevant local authority.

People who lived at the home had a care plan which included information about their dietary and nutritional needs and the support they required to maintain a healthy balanced diet. People's likes, dislikes and preferences for food and meals were documented in their care plan. The cook said that they were aware of people's dietary needs, likes and dislikes. They told us how they accommodated these to ensure people were provided with meals which they enjoyed. For example, people who had diabetes were provided with alternative meals or desserts as appropriate. People with a vegetarian diet had their own menu according to their likes and dislikes. However we noted that none of this information was recorded. We discussed this

Is the service effective?

with the manager at the time of our inspection. They agreed to have the dietary information and information regarding people's preferences recorded in a separate file for use in the kitchen.

The cook told us that most of the food was homemade, including cakes and puddings. We saw healthy alternatives available such as, yoghurts and fresh fruit. People were served hot and cold drinks throughout the day.

We asked the cook how people made their meal choices. They told us staff visited everyone in the home each afternoon/evening to discuss the following day's menu with them. A record was made of their choice. We observed staff having these conversations with people during our inspection. We saw the menu for the day was clearly displayed on the wall opposite the entrance to the dining room. This meant that each time people came into the dining room they saw it and knew what meals were being offered that day.

We saw that people who lived in the home had plenty to eat and drink during our inspection. This helped ensure that people did not become dehydrated or hungry. We saw that staff recorded the fluid intake for people who required support with drinking when it was required. Records we saw clearly indicated the amounts of fluid taken and the time they had it.

People told us they received enough to eat and drink and chose their meals each day. We asked people their opinions of the food and if there was enough choice. A person told us, "The carers always ask what food you want. I don't like spaghetti so they will always offer something else. I am a picky eater but the dinners are lovely. There is always enough to eat and if you are still hungry they will make you toast and jam or biscuits". Another person said, "I really like the choice of food, I have never had to ask for anything else because I didn't like what was being provided. I have never been hungry and not been given food". Another person told us, "I love food; they do a lot of meals such as corned beef, stews and cutlets. I dislike roast lamb so they will give me something else."

We spoke with one person who had particular dietary requirements. They told us that they received a variety of food. They told us, "I can't abide garlic it makes me sick so they [staff] know not to include it in my food. The puddings are lovely. If I don't like the food they will always make me something else."

Relatives also spoke positively about the food. Some of their comments included," "My relative says carers are always making (family member) coffee and bringing biscuits. (Family member) has never complained at all about the food; they told me they really like it" and "My relative is very happy with the food I have never heard them complain once".

People's physical and mental health needs were monitored and recorded in their care plans. We saw that people were supported to access a range of health care services when required, such as the person's GP, dietician, speech and language therapist, district nursing team and chiropodist. People who lived in the home told us, "The carers [staff] arrange and take me to see the doctor, I don't have dentist appointments and the chiropodist comes to the home" and "[the managers] will arrange for me to see the doctor, I arrange my own dental appointments and I go to a private chiropodist."

Most of the home was fully accessible and aids and adaptations were in place to meet people's mobility needs. This helped ensure people were supported safely and promoted their independence. A passenger lift provided access to the upper floors. Bathing facilities were fully accessible. Level entry to the garden area meant that it could be used by everyone; recent improvements to the side exits made the area secure and helped ensure people's safety.

Is the service caring?

Our findings

All of the people who lived in the home and their relatives we spoke with said that the staff were kind and caring. Comments from people who lived in the home included, “The carers are not just staff, they are my friends. They also get on with my jokes and I like that”, “The staff are wonderful” and “The carers have to listen to me they don't have a choice (laughing).”

Relatives told us, “My relative recently knocked herself on the leg and the district nurse had to be called. They told me as soon as I came in what had happened; they are so good to them.” Another said “I come in every day to see my relative and they [staff] will always tell me how they have been”. Another told us, “The staff are brilliant, they always let me know how my relative has been. Sometimes they will say they have been quiet or that they have been great. They also help them on the toilet and will always knock on the door”.

During our observations found the atmosphere in the home to be very friendly. The staff showed a genuine interest towards people who lived at the home and this was demonstrated by the way they supported of them. We saw that staff were very caring and they enjoyed their interactions with the people who lived in the home. There was plenty of laughter and positive engagement. Staff took time to explain to people what they were going to do and they did not rush them.

We asked people who lived in the home if they could talk to the staff about what was important to them. A person told us, “If I am not happy I can always go to them and have a chat as I said before they are like my friends”. Another person told us, “I can always approach the carers and they will always help me. I am not frightened to tell them anything.”

People’s dignity was observed to be promoted in a number of ways during the inspection. Staff were observed to knock on bedroom doors before entering and sought permission before entering. Staff used people’s preferred name when addressing them. A person who lived in the home told us, “They (staff) always help me with my bathing and make sure they cover me with a towel, they are very dignified.”

We observed that some toilets and bathrooms did not have a lock on them. We asked the provider about this. They told us that new locks had been purchased to be fixed to the doors.

We were invited to look at the double bedroom, which was shared by two people. We were informed that they had shared the room for many years and had been offered separate rooms but had refused. We saw that a large screen was available and used to protect their privacy.

People who lived in the home were supported by an independent person to act on their behalf through the local advocacy service. This ensured their views were represented where they did not have friends or family to advise them. We were informed by the manager that one person was accessing this service at the time of our visit.

Is the service responsive?

Our findings

We found that people received the care and support they needed. Before people came to live in the home an assessment was completed. This was to ensure that their care needs could be met at Saint Jude Care Home before they were admitted to the home.

We looked at the care plans for three people who lived in the home. We found that care plans and records were individualised to people's preferences and reflected their identified needs. They had been completed for many aspects of people's care and health needs. For example, risk assessments had been completed in areas such as falls, skin and pressure care, moving and handling and mental capacity. This helped demonstrate that people received with good and effective care and support which met their needs. Staff had recorded information about the person's daily routines, their likes and dislikes; what they like to do each day, any personal preferences and how would like to be supported by staff. We could see from the care records that care plans and risk assessments were up to date and that support was being provided as needed.

We found the staff responded appropriately and swiftly to changes in people's needs and made appointments or referrals to professionals in health and social care. We saw evidence in the care records of the appointments people had attended for example, a GP, district nurse, speech and language therapist and dietician.

Staff completed daily records and these provided a record of the care and support given.

The provider had recently employed an activities coordinator who worked for two hours each day. We saw a weekly time table of activities displayed in the hallway. Regular activities included arts and crafts, bingo, 'Play your cards right', music and sherry afternoon, gardening club and classic movies. Activities took place each morning; this meant that people did not 'miss out' when relatives came to visit or they went out with friends.

The manager told us they planned to have regular trips out. We were told of a trip to the Liverpool museum that had taken place on the day before our inspection, which everyone was still talking about. We saw that a 'Residents Fun Day' had recently held which included a BBQ and a visit from the dog display team.

People's religious needs were met by the weekly visits form the local Catholic and Church of England ministers.

We asked people who lived at the home for their views on the activities provided. Their comments included, "I join in in all the games, I love bingo, drawing and colouring in. They [staff] keep us all entertained", "I enjoy having a kick around with a football in the garden, I also love play your cards right and watching the classic movies but I particularly like true stories", "I refuse to play bingo but I like drawing and quizzes; we also have a sing song and I love to dance. I used to go dancing in [places in the locality]" and "I love the bingo."

Relatives we spoke with were pleased with the activities provided. One person told us, "[My relative] doesn't really get involved but I came in the other week and she was drawing and I was happy she was joining in".

The provider had a complaints procedure and information about how to make a complaint was provided to people when they started using the service. Copies of the procedure had been place in each person's room as well as in the hallway. When we asked about making a complaint people told us they had not made a complaint. One person told us, "I haven't made a complaint but If I did I would speak to the staff and get it sorted." The manager told us there were no complaints currently being investigated.

Is the service well-led?

Our findings

We received positive feedback from everyone we spoke with about the manager and the running of the home. People who lived at the home felt that they could talk to the manager and assistant manager. Relatives were equally as positive in their comments, which included, “They always take notice if I ask them to do something”, “My relative’s television in her room wasn't working and I asked if an aerial could be fitted. The manager got it done the next week. She also needed a towel rail and a change of sink and they got that sorted quickly.”

We spoke to staff about the management of the home. One staff member told us, “The management are very approachable; I will raise things with the manager.”

During our inspection we saw that the management team were very ‘hands on’ and the staff responded well to this. All of the staff appeared happy in their work and everyone helped when they needed to. It was evident the staff worked as a team.

The manager and deputy manager met every Monday morning for a ‘catch up’. Staff meetings were held each month. We saw minutes from the meeting held in May 2015.

Every staff member had an ‘awareness’ folder The manager informed us they put copies of different policies and procedures in them each month. This helped ensure staff kept their knowledge to update and familiarised themselves with information important information regularly.

We enquired about the quality assurance systems in place to monitor performance and to drive continuous improvement. The manager was able to show us a series of quality assurance processes both internally and external to Saint Jude Care Home to ensure improvements were made and to protect people’s welfare and safety.

We saw that the manager completed a weekly health and safety audit, which included checks of bedrooms, the laundry and general decoration and upkeep of the home. Checks of firefighting equipment and emergency lights were carried out each month. The fire alarm was tested every week.

We observed quality audits had been completed during 2014/2015 related to gas and electrical appliance testing, fire prevention equipment, passenger lift and the heating and water system. This assured us that people who lived in the home were supported to live in a safe well maintained environment.

The home had received a 5 star [very good] food hygiene rating in March 2015.

Arrangements were in place for feedback about the service. These included satisfaction surveys for people who lived at the home and for their relatives. We saw that five surveys had been returned from people who lived at the home in March 2015 and these provided positive feedback about the home. The surveys had been completed approximately five weeks after the new provider took over the running of the home. We saw that actions had been taken to make people aware how to make a complaint as well as a suggestion by someone to promote their independence. This showed that the manager listened to people’s suggestions and taken the necessary action to support people. The manager told us there were plans to send out further surveys in August 2015 to people who lived at the home and their relatives. This helps to provide on-going feedback as to how the service is operating and developing.