

Norwood House Nursing Home Limited

Norwood House Nursing Home

Inspection report

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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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 6 and 8 February 2018 the first day was unannounced and the second day was announced. On both days there were 21 people using the service with an additional person in hospital.

Norwood House Nursing Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home can accommodate up to 31 people in one adapted building. Accommodation is provided over two floors.

The last inspection was carried out in June 2017 and the overall rating for the service was 'requires improvement.' The provider was in breach of three regulations. These related to 'need for consent' (Regulation 11), 'safe care and treatment' (Regulation 12) and 'good governance' (Regulation 17). We took enforcement action and issued a warning notice in relation to the breach of regulation 17 (good governance). We issued requirement notices in relation to the breaches of 'the need for consent' and 'safe care and treatment' regulations. We met with the provider to discuss their plans for making the required improvements to the service. We asked the provider for an action plan which they provided telling us how they were going to make the necessary improvements.

During this inspection we found improvements had been made.

A registered manager was in place. 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.

We saw staff was kind and caring and there were enough of them to keep people safe and to meet their care needs. Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff told us they felt supported by the registered manager and were receiving formal supervision where they could discuss their on-going development needs.

Care plans were up to date and detailed what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified. We saw appropriate referrals were being made to the safeguarding team when this had been necessary.

People's healthcare needs were being met and medicines were being stored and managed safely.

Staff knew about people's dietary needs and preferences. There was a choice of meals and people said the food was good. We also saw there were plenty of drinks and snacks available for people in between meals.

We found the service was working within the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards and that staff had a good understanding of how these principals applied to their role and the care they provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Activities were on offer to keep people occupied both on a group and individual basis.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received.

The registered manager provided staff with leadership and direction and was described as being very approachable.

We saw systems had been introduced to monitor the quality of the service. We saw these had identified areas for improvement and action had been taken to address any shortfalls. People using the service and relatives were consulted about the way the service was managed and their views were being acted upon. We saw that the audit systems were helping to drive improvements in the service. It was clear the service had made significant improvements which now needed to be continued to show the quality of care is sustained. It was too early for the provider to be able to demonstrate that the quality processes were fully embedded and that these improvements could be sustained over time.

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 safely and there were enough staff to support people and to meet their needs.

Staff understood how to keep people safe and understood how to identify and manage risks to people's health and safety. The home was clean and tidy.

People's medicines were handled and managed safely.

Is the service effective?

Good ●

The service was effective.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met.

Meals at the home were good offering both choice and variety.

People's healthcare needs were being met.

Is the service caring?

Good ●

The service was caring.

We saw staff treated people with kindness and patience and knew people well.

People looked well cared for and their privacy and dignity was respected and maintained.

Is the service responsive?

Good ●

The service was responsive.

People's care records were easy to follow, up to date and being reviewed every month.

There were activities on offer to keep people occupied.

A complaints procedure was in place and people told us they felt able to raise any concerns.

Is the service well-led?

The service was not yet consistently well-led.

There was a registered manager in post who provided leadership and direction to the staff team.

Quality assurance systems had been put in place but these needed to be tested over time to ensure they were effective in ensuring sustained improvements. This is why this section of the report has a 'requires improvement' rating.

Requires Improvement ●

Norwood House 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 6 and 8 February 2018. The first day was unannounced and the inspection was carried out by two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection was concluded by one adult social care inspector on 8 February 2018.

Before the inspection we reviewed the information we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams.

The provider had completed a Provider Information Return (PIR). The PIR is a document which gives the provider the opportunity to tell us about the service. We used information the provider sent us in the PIR. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spent time observing care in the lounges and dining rooms and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us. We looked around some areas of the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included four people's care records, three staff recruitment records and records relating to the management of the service.

We spoke with four people who used the service, five relatives, three care workers, the chef, the

handyperson, deputy manager, registered manager and the provider.

Is the service safe?

Our findings

At the last inspection in June 2017 we found the provider was in breach of regulation 12 (Safe care and treatment) because some people were losing weight and their food and fluid intake was not being monitored. We concluded without records of dietary intake it would not be possible to make an assessment of the adequacy of people's diet. On this visit we found improvements had been made.

People who had been assessed as being nutritionally at risk were being weighed every week. Also records were being maintained of what they were eating and drinking. We found these records were well completed and showed people were being offered high calorie snacks and drinks in line with their care plans.

Where other risks had been identified action had been taken to mitigate those risks. For example, special mattresses and cushions were in place for people who were at risk of developing pressure sores and alarm mats in place for people who were at risk of falling.

The registered manager was analysing accidents and incidents to see if there were any common themes and trends. In addition, this analysis helped them to see if any further measures could be put in place in order to mitigate risks.

Everybody was positive that they or their relatives were safe. One person said, "Everybody is looked after and kept safe." Nobody reported any incidents that concerned them and they felt that the staff handled interactions well. One relative said, "The staff keep an eye on the ones wandering around and calm them down."

We saw there were safeguarding policies and procedures in place. Staff were able to explain possible signs of abuse and what they would do to make sure people were safe. Staff had completed safeguarding training and said they would not hesitate to report concerns. We saw the registered manager had made appropriate referrals to the safeguarding team when this had been needed. This meant staff understood and followed the correct processes to keep people safe.

We spoke with the registered manager and deputy manager. They told us the service did not keep monies for people at this time, therefore a review of personal finances and transactions was not a feature of this inspection. .

We looked at three staff files and saw checks had been completed which included two written references and a criminal record check through the Disclosure and Barring Service (DBS). Proof of identity documentation and evidence of previous training was also present. This demonstrated staff were suitably checked before starting work in the home.

The majority of people we spoke with felt that staffing levels were good one relative said, "I feel that there are enough." Everybody felt that the level of regular staffing was good with little use of agency carers. One relative said, "There are a lot of regular staff."

Staff we spoke with told us there were sufficient staff to keep people safe and offer safe care and support. One staff member commented, "Enough staff at the moment." The deputy manager told us, "Having permanent staff, that's made a massive difference." The registered manager and deputy manager explained that they currently were not using any agency staff and had employed permanent staff to cover vacancies. Staff worked 12 hour shift patterns, with a qualified nurse and three care staff employed during the day and a qualified nurse and two care staff at night. One member of staff told us this was working well, although another staff member told us some staff found this tiring if working a number of shifts on consecutive days. However, they told us this had been looked at so staff did not work more than three days without a break. Our review of the staff rotas confirmed this.

We observed that staff were present around communal areas during the day. The registered manager told us a dependency tool was in use and extra staff could be deployed dependant on people's needs. Staff told us they were happy to cover extra shifts if required. One staff member told us, "Happy to cover when needed. I help them out a lot when they need it."

Although we concluded there were sufficient staff deployed on the day of our inspection, the home was not full to capacity. Given the complex needs of some of the people living at the service, the service would need to carefully keep staffing levels under review.

All of those who were given medication were happy that this was given in a timely manner. One person said, "I get my pills, lots of them, when I need them".

We saw medicines were stored in locked trolleys, cabinets or fridges. The nurses took responsibility for administering medicines and we saw them doing this with patience and kindness. We looked at a sample of medication administration records (MARs) and saw people were being given medicines as prescribed. When medicines had been prescribed to be taken 'as required' there were detailed instructions for staff to follow. This helped to ensure these medicines were used effectively and consistently.

Where creams or lotions had been prescribed we could see from the records these were being consistently applied. We concluded medicines were stored, managed and administered safely.

We observed staff wearing aprons and gloves when carrying out personal care and these were readily available. Staff had received training in infection control.

The home was clean, tidy and odour free. We saw staff had access to personal protective equipment, such as gloves and aprons and were using these appropriately. Liquid soap and paper towels were available in bedrooms, bathrooms and toilets so people could wash their hands effectively. We saw ancillary staff had received training in the control of substances hazardous to health (COSHH) and cleaning products were stored securely when not in use. This meant infection control systems were in place to keep people safe.

Everybody we spoke with felt that the standards of cleanliness and hygiene were good. One relative said, "It's clean and hygienic, not smelly at all." Another said, "It's always clean."

We saw at the last food standards agency inspection of the kitchen they had awarded 4 stars for hygiene (good). This is the second highest award that can be made. This showed us systems were generally in place to ensure food was being prepared and stored safely.

We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, electrical and gas systems.

Improvements to the environment were still on-going. The handy person was completing an audit of the environment on the first day of our visit. They explained they did this every three weeks. Any health and safety issues were given priority and other areas redecoration and refurbishment were added to the list. We saw some bedrooms had been redecorated and improvements were being made to the lighting. In addition to this there was a repairs book which staff used to identify anything they found in between the audits.

Is the service effective?

Our findings

People who used the service and relatives told us staff were well trained and had the right skills to provide care and support. Their comments included, "The staff are well trained." "They know what they are doing." "They seem to be competent at what they do." "I am quite happy with their training."

We reviewed the service's staff training matrix and saw training was up to date with dates indicated for renewal. Training had been completed using a mixture of face to face training and on-line courses, including moving and handling, Mental Capacity Act and Deprivation of Liberty Safeguards, dementia awareness, safeguarding, health and safety and fire safety. Nursing staff had completed medication training, ancillary staff had completed COSHH training and kitchen staff had completed training in food safety. We saw any staff new to care were enrolled on the Care Certificate. The Care Certificate is a government recognised training course designed to equip care staff with the necessary skills to provide safe and effective care. Staff told us the training provided was good and had given them the confidence to undertake their role.

Staff told us they had undertaken a comprehensive induction programme when they started their role which included, reading policies and procedures, reading people's care records to ensure they understood people's care and support needs and shadowing an experienced member of staff for a number of shifts.

We saw the registered manager had a plan for regular staff supervision and annual appraisal. A staff member told us they had received supervision and had found this a good opportunity to discuss their development and any further training needs. Another care worker told us the providers were going to support them to undertake their nurse training.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service was acting within the Mental Capacity Act. People's capacity to consent to their care and support arrangements was assessed.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. One person had been granted a DoLS authorisation which did not have and conditions attached to it. Other applications had been made to the local authority and were waiting to be processed.

At the last inspection in June 2017 we found the provider was in breach of Regulation 11 (need for consent).

On this visit we found improvements had been made.

The registered manager knew whose relatives or representatives had Lasting Power of Attorney (LPA) and what these were for. A LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to or if you no longer want to make your own decisions. LPA's can be put in place for property and financial affairs or health and welfare. This meant they knew who could legally make decisions about people's health and welfare. When there was no LPA in place we could see the 'best interest' decision process had been followed.

Care workers asked for people's consent before offering any care or support. One person told us, "They always tell what they are doing when they help me dress." A relative said, "They ask for consent and tell him what they are going to do."

At our last inspection in June 2017 we were concerned about the recording of people's weight and subsequent action taken. At this inspection we saw the registered manager had commenced a summary chart which highlighted people's weights so any trends could be identified and actions taken. The registered manager told us this was working well and they had used it to good effect during GP visits. We saw people's weights were effectively monitored and where concerns were identified a referral was made to the GP. At the time of our inspection there was no-one receiving nutritional supplements.

A number of people had their food and fluid monitored. We saw charts were mainly well completed. Target fluid intake for these people was recorded on a sheet at the front of their food/fluid charts as a guide for staff. A senior care staff member told us if this was not achieved on one day, staff would encourage the person more the next day. We saw people were offered a choice of hot and cold drinks throughout the day and given a choice of a china beaker or a blue beaker. We saw adaptive drinking cups with spouts were offered to those who required these. We saw completion of food and fluid charts was an item at a recent staff meeting.

We spoke with the chef and concluded from our discussion they understood the dietary needs of people well, including individual likes and dislikes. They showed us a 'food diary' they had commenced in which they documented people's comments and food preferences. For example, one person had not liked a meal as much at Norwood House as when they had it elsewhere. The chef asked them what the difference was and looked at other recipes for the same meal on the internet. When they prepared the meal again, they asked the person what they thought and the response was, "Better." They explained they prepared fortified food for most people, using full fat milk, butter, cream and milk powder. We saw fortified drinks were offered to people during the day.

The cook told us they actively sought feedback from people about the standard of food, what people liked and did not enjoy. We saw they came out from the kitchen on the day of our inspection to speak with people to receive feedback. We saw they took a large pictorial menu around the home in the morning to ask people what they wanted to eat for their lunch and cooked alternatives if people did not want what was on the menu. For example, one person requested and was provided with sweet potatoes at lunchtime and another person did not want the dessert offered so an alternative of rich fruit cake and cream was provided.

At breakfast time there was a choice of cereals, porridge, cooked breakfast, toast, jam sandwiches and a selection of drinks. Snacks, for example, of cake, biscuits, chocolate bars, crisps and fruit and drinks were available all of the time. Mid-morning and afternoon staff took the drinks trolley round with a selection of snacks we saw people enjoying a selection of the snacks on offer.

One care worker told us they gave one person packets of biscuits to keep in their handbag so they could have one whenever they wanted. They explained another person did not have a big appetite but liked snacks. We saw they were offered and accepted additional pieces of cake during the afternoon.

The main meal of the day was served at lunchtime with a lighter option prepared at teatime. We observed the lunchtime meal. We saw tables were laid with condiments, matching crockery and brightly coloured placemats. Jugs of gravy were placed on the table for people to help themselves and staff asked people if they wanted salt or pepper. People were offered a choice of juice to drink with their meal. A choice of pork steak or minced beef stew with vegetables and mashed potatoes was on offer, with home-made rice pudding and sultanas for dessert. We saw the food was freshly prepared. We sampled the food and found it tasty and nutritious. We saw people enjoyed the food on offer and they told us they had enjoyed the meal and most plates were empty when returned to the kitchen.

The four care files we looked at contained detailed information about any visits and advice from healthcare professionals. We saw, for example, people had been seen by GP's, chiropodists and speech and language therapists.

Care workers told us if they had any concerns the nurses were quick to act and GP's called when needed.

In November 2017 surveys had been sent out to health care professionals who visited the service. Their responses were very positive and showed they were satisfied with the care and support people were receiving.

People's bedroom doors had their picture and name displayed on them and lounges, toilets and bathrooms had pictorial signage to help people identify these facilities. The activities co-ordinator had been working with people on various art displays in the lounge areas to make them more interesting. New electric gates and fencing had been fitted so people will be safe to walk around the grounds.

Is the service caring?

Our findings

We asked people who used the service about the staff. They made the following comments, "They always wave hello." "They sit down and chat." "They are always laughing and joking." Relatives said the following, "[Name of care worker] is very good with [Name] and there is a lot of friendly banter." "They have a very good attitude, nice and pleasant." "His privacy and dignity are definitely respected."

We saw and heard staff were, gentle, kind and caring. These were some examples: At breakfast time people were being supported to go to the dining room. Care workers were offering verbal encouragement and people were asked where they would like to sit. Before lunch one person had fallen asleep in the lounge and looked uncomfortable in the chair. A care worker gently woke them up and supported them to go and have a rest on their bed where they would be more comfortable. After lunch the people sitting in one lounge were asked if they would like to have the TV on. One of the care workers repositioned one person's chair to ensure they could see the screen. They then asked another person if they wanted to do some colouring and then went to get the art materials from their bedroom.

People's care plans gave information about how they liked to be presented, for example, "Likes to dress smartly with a shirt and trousers. Remove facial hair daily." We saw people were clean, well-groomed and comfortably dressed which showed staff took time to assist people with their personal care needs in line with their preferences.

People were treated with dignity and respect. We saw people who used the service responded positively to staff in their demeanour and with their facial expressions. People were spoken with by name and staff ensured people's privacy was respected when they were delivering any personal care.

We saw some bedrooms had been personalised with various photographs, pictures and ornaments. We saw people's clothing had been well looked after by the laundry staff. Wardrobes and drawers were neat and tidy and clothing had been ironed. This showed us staff respected people's clothing and the importance of people being well dressed.

We saw care workers encouraging people to be independent, for example, prompting people with their meals and drinks and with their mobility.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Although we found no evidence people were discriminated against

Relatives told us they could visit at any time and were always made to feel welcome. We saw visitors were offered a drink upon arrival.

Is the service responsive?

Our findings

The registered manager completed a full assessment of people's needs before offering them a place at the service. If they decided they could meet the person's individual needs a date for admission was arranged. The registered manager explained they often had to decline an offer of a placement as they had to take into consideration the needs of the people already living at the service.

Two visitors told us they had looked at a number of services before deciding on Norwood House. They had visited the home, unannounced and had been impressed with their reception and the staff.

People's care plans followed a standardised format which made it easy to find relevant information quickly. They contained detailed information about the care and support each individual required. For example, we saw one person had occasional epileptic seizures. A detailed care plan was in place to direct staff to ensure the persons' health and safety was maintained.

Care records contained detailed risk assessments relating to activities of daily living such as mobility, eating and drinking, continence and personal care. The risk assessments and care plans had been reviewed monthly and where an issue had been identified, action had been taken to address and minimise the risk.

Hospital passports were in place to provide information on the person's needs to hospital staff should they be admitted to hospital. admission. The registered manager told us they were shortly introducing a new system which would streamline the information to be sent with the person.

We saw checks and procedures were completed when these were required, such as where people required regular repositioning and checks to ensure their health and welfare needs were met. Charts indicated these were carried out and we saw care staff completing checks during our inspection.

We saw some end of life discussions had taken place at time of admission and people had end of life care plans in place. The service had robust end of life policies in place and was part of the 'gold line' scheme which was designed to ensure people had a pain free and dignified death.

One care worker told us the registered manager and deputy manager were very good at supporting relatives, talking with them and giving them information about end of life care.

We saw staff had received a number of compliments from families for the end of life care they had provided. These were two examples, "We will always be grateful for the loving care [Names] received at Norwood House and a particular mention for [Name of registered manager and Name of nurse], who provided so much support. People do not realise just how much love and sympathy they give." "[Names of family members] would like to thank everyone at Norwood for the respect and loving care shown to [name] during her time at Norwood. We also appreciate everything you do for the family."

The registered manager also told us, in December each year; bereaved relatives were invited to the home to

remember loved ones at a candle lit ceremony.

An activities co-ordinator had been employed since the last inspection and their usual working hours were 8am – 5pm, Monday to Friday. However, the registered manager told us there was some flexibility and they would work at weekends for any special events.

There was an activities plan in the entrance which gave people information about what was on offer, for example, Bingo, sing-a-longs, games and arts and crafts. On the first day of our inspection we saw people engaged looking at and reading books. One person was knitting and another colouring. In the afternoon some people were playing Bingo in the lounge.

Care workers were very good at engaging with people when they were present in the lounge and encouraged people to have a conversation. For example, it was snowing on the first day of our visit and this generated some good conversations.

The provider had made links with the local high school and two year six students were visiting with a careers teacher. They were going to spend an hour a week to talk with people who used the service. The careers teacher explained two students had spent a week at the service for their work experience and had been very positive about their experience. The provider and school are keen to raise awareness about dementia and about opportunities in the care sector.

The provider had an accessible information policy in place. We asked the registered manager if anyone living at the home had specific requirements regarding accessible information. We saw clear and detailed information contained in one person's care records who was registered blind. This gave care staff clear guidance about how to approach the person. This included asking what they could see, what assistance was needed, describing things such as the food on their plate and ensuring the person was included in discussions about procedures. The care record stated, 'Being blind or vision impaired does not mean [person] cannot hear or understand what is being said.'

The complaints procedure was on display in reception together with a 'worry box' where people could leave any comments anonymously. Relatives were also given the registered managers email address and details of a web site which they could use to leave any comments. A complaints log was in place and we saw the one complaint which had been received had been fully investigated.

Is the service well-led?

Our findings

When we inspected the service in August/September 2016 we found the governance systems were not effective and identified this as a breach of Regulation 17 (Good governance) and told the provider to make improvements. At the inspection in June 2017 we found a continued breach of this regulation and issued a warning notice telling the provider and registered manager they must make improvements by 1 November 2017. At this time the 'well-led section was rated as 'inadequate.' In June 2017 we also found breaches of Regulations 11 (Need for consent) and 12 (Safe care and treatment) and issued requirement notices in relation to these. We met with the provider and they submitted an action plan telling us how they planned to bring about the required improvements.

On this visit we found improvements had been made. This section of the report is rated as 'Requires improvement' because the systems and processes which had been introduced need to be tested over time to make sure they are fully embedded.

Relatives spoke highly of the providers, registered manager and deputy manager telling us they were open and honest and took time to explain things. We found staff helpful and friendly.

Staff told us the management team were approachable and supportive. Comments included, "Everything is just spot on. I would go to the management and tell them if it's not right. They are very helpful," and, "Got all the support from the registered manager, nurses and seniors. Our nurses and managers are so helpful. It's a good, strong team." They went on to say, "Some of the feedback we get from the families is really good." "They are all good people. They look after staff and care for residents, it's like a family." "We sit and we talk now (staff). Having our own team we can rely on has made a difference."

Care workers told us the registered manager was 'hands on' and regularly undertook care and support tasks. This helped them provide oversight of the home and understand people and their individual needs. The registered manager demonstrated a good understanding of the people and topics we asked them about, which provided us with assurance they understood how the home was operating.

We saw a number of audits were being completed, which were effective in identifying issues and ensured they were resolved. These were some examples; one of the medicines audits had identified fridge temperatures were not always being recorded. An environmental audit had identified the low energy light bulbs needed to be replaced with LED bulbs. The health and safety audit had identified the fridges needed to be defrosted more often and cleaned. The weights of people who used the service were audited on a monthly basis. This helped to ensure weight issues were not overlooked and people received the appropriate care and treatment.

A 'residents and relatives' survey had been completed in October 2017 and the overall response was very positive. Where issues had been raised action had been taken to address them. For example, some concerns had been raised about items of clothing going missing. In order to improve the service the laundry staff hours had been increased, so the laundering of all clothing was their sole responsibility.

A staff survey had also been completed in October 2017, the results analysed and an action plan produced. The survey identified the shortage of permanent care assistants and nurses had been one of the top issues which caused staff the most frustration. In response to this permanent staff had been recruited and staff reported this had made a big difference. This showed us the consultation with staff had identified issues and these had been acted upon. On the positive side staff said they would recommend the home as a place to work and receive care. They also identified staff took a pride in the care they delivered.

A range of regular staff meetings were in place to discuss the smooth and effective running of the home and to share best practice. These included management meetings, nurses meetings, care staff and ancillary meetings. We saw a variety of topics were discussed including areas for improvement and service updates. For example, we saw the correct completion of food and fluid charts was discussed at a recent nurses meeting to improve quality.

People and their relatives were involved in the running of the service through a number of meetings held throughout the year. The meeting notes indicated relatives were happy with the running of the home and their relatives' care.