J&S Healthcare Limited

Maxey House Residential Home

Inspection report

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Peterborough
Cambridgeshire
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Tel: 01778342244

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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

Maxey House Residential Home provides accommodation and personal for up to 31 people, some of whom were living with dementia. There are external and internal communal areas for people and their visitors to use.

This unannounced inspection took place on 16 May 2016. There were 29 people receiving care at that time.

The last registered manager cancelled their registration with the Care Quality Commission (CQC) in April 2016. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. A new manager took up post on 1 March 2016. They were present throughout the inspection and told us they had almost completed their application to be the registered manager and would submit this to CQC shortly.

There were sufficient staff to ensure people's needs were met safely. However, people were put at risk because not all pre-employment checks had been obtained prior to staff working with people.

Staff were well trained, and well supported, by their managers. Systems were in place to ensure people's safety was effectively managed. Staff were aware of the procedures for reporting concerns and of how to protect people from harm.

People received their prescribed medicines appropriately and medicines were stored safely. People's health, care and nutritional needs were effectively met. People were provided with a balanced diet and staff were aware of people's dietary needs.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. We found that there were formal systems in place to assess people's capacity for decision making and applications had been made to the authorising agencies for people who needed these safeguards. Staff respected people choices and staff were aware of the key legal requirements of the MCA and DoLS.

People received care and support from staff who were kind, caring and friendly to the people they were caring for. People were involved in every day decisions about their care.

Care records were detailed and provided staff with sufficient guidance to provide consistent care to each person. Changes to people's care was kept under review to ensure the change was effective. There were various organised and impromptu activities for people to join in with in groups or on their own.

The manager was supported by a staff team that including care workers, and ancillary staff. The service was

well run and staff, including the manager, were approachable. People and relatives were encouraged to provide feedback on the service in various ways both formally and informally. People's views were listened to and acted on. Concerns were thoroughly investigated and plans actioned to bring about improvement in the service.

The provider and manager had implemented innovative measures to try to improve people's quality of life.

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.

There were systems in place to ensure people's safety was managed effectively. Staff were aware of the actions to take to report and escalate their concerns.

People were supported to manage their prescribed medicines safely.

There were sufficient staff to ensure people's needs were met safely. However, not all pre-employment checks had been obtained prior to staff working with people.

Is the service effective?

Good

The service was effective.

Staff knew the people they cared for well and understood, and met, their needs. People received care from staff who were trained and well supported.

People's rights to make decisions about their care were respected. Where people did not have the mental capacity to make decisions, they had been supported in the decision making process.

People's health and nutritional needs were met and monitored.

Is the service caring?

Good

The service was caring.

People received care and support from staff who were kind, caring and friendly.

People were involved in every day decisions about their care.

Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

There were opportunities for people to develop hobbies and interests and take part in activities throughout the day.

People's care records were detailed and provided staff with sufficient guidance to ensure consistent care to each person.

People had access to information on how to make a complaint and were confident their concerns would be acted on.

Is the service well-led?

Good

The service was well led.

The manager was experienced and staff were managed to provide people with safe and appropriate care.

People were encouraged to provide feedback on the service in various ways. People's comments were listened to and acted on.

The service had an effective quality assurance system that was used to drive and sustain improvement.

Maxey House Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 16 May 2016. It was undertaken by one 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.

The provider completed a Provider Information Return (PIR) before our inspection. This 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 also looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We also asked for feedback from the commissioners of people's care and Healthwatch Cambridge.

During our inspection we spoke with nine people, three relatives and one visiting healthcare professional. We also spoke with the manager and nine other members of staff. These included the deputy manager, one senior care worker, three care assistants, an activities co-ordinator, an activities assistant, a cook and an administrator. Throughout the inspection we observed how the staff interacted with people who lived in the service.

We looked at four people's care records, two staff recruitment records, staff training records and other records relating to the management of the service. These included audits, rotas and meeting minutes.

Good

Is the service safe?

Our findings

The staff we spoke with told us that the required pre-employment checks were carried out before they provided personal care to people. These checks included written references, proof of recent photographic identity as well as their employment history and a criminal records check. However, staff also told us, and the manager confirmed, that they worked in the home shadowing other experienced staff before their criminal records check had been obtained. This could put people at risk of being supported by staff who were not suitable to work with them. We discussed this with the manager and she told us this practice would stop immediately and only when they had received all the satisfactory checks would staff be permitted to work with people.

There were sufficient staff on duty to meet people's needs. One person told us, "If I call someone [staff] then they are here without too much delay, even if it's just to say they will be with me shortly." Another person said, "When I ring the bell [staff] come quickly." A third person who had lived at the home for over a year said, "I thought to myself when I came here, if the staff are this good then I'm staying."

We asked staff if they felt there were enough staff on duty to meet people's needs. One staff member told us, "Yes, there are four staff [on duty] all the time and activities [co-ordinators] and cleaners." Another staff member said, "Yes, there's enough staff. We can sit and chat with people when they want us to."

We saw staff responded quickly to people's requests for assistance. For example, a member of staff asked a person if they would like a drink. The person refused but said they would like assistance to move to another part of the home where they could participate in an organised game. The member of staff immediately fetched the appropriate equipment and assisted them to move. The person told us staff always came quickly when they called and provided assistance when they needed it.

The manager told us that she used a recognised system to assess people's needs and determine the number of staff required to safely meet people's needs. The manager had recently recruited some new staff. They all told us that they had ample opportunity to shadow an experienced member of staff before they were expected to be part of the rota and provide care on their own. Staff told us that agency staff were rarely used, but those that did provide care had usually worked at the home before and knew people's needs and preferences. This meant there were sufficient staff to provide care safely to people.

People receiving the service said they felt safe. One person told us, "I do feel safe here. I do trust the staff. It's the staff that make me feel safe." Another person said, "I do feel safe living here because it's comfortable and everyone is nice."

Staff told us they had received training to safeguard people from harm or poor care. They showed they had understood how to recognise, report and escalate concerns to protect people from harm. One member of staff said, "I would go straight to the manager." They told us they knew how to escalate any concerns and that, "I've got the [safeguarding] phone number and website in a booklet." Staff told us they felt confident that their manager's would act on any concerns they raised.

People's risks were assessed and measures were in place to minimise the risk of harm occurring. People had detailed individual risk assessments and care plans which had been reviewed and updated. Risks identified included assisting people to move, poor skin integrity and those people at an increased risk of choking. Appropriate measures were in place to support people with these risks. For example, we saw guidance on safe moving and handling techniques, regular repositioning for people whose skin was vulnerable to pressure ulcers and a soft diet where a person had swallowing difficulties. One person's relative told us, "[My family member] has to be turned in bed every two hours and they [staff] do this without fail." These measures were regularly reviewed. Staff were aware of people's risk assessments and the actions to be taken to ensure that the risks to people were minimised.

We heard staff speaking clearly with people while they were assisting them and explaining what they planned to do, so people were prepared for the assistance and could participate. For example, we heard staff giving clear directions to people when they were assisting them to move. They talked in a reassuring way, and continuously checked with the person. We heard the staff member say, "Can you take a step forward and I'll move the chair behind you. That's it. Are you OK?" The person responded positively and the staff continued with the manoeuvre. A staff member commented to us, "We always explain [what we are doing] all the time."

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. Accidents and incidents were recorded and acted upon. For example where any untoward event had occurred, measures had been put in place to monitor people more frequently or check on their wellbeing more often. We saw that the potential for future recurrences had been minimised.

Staff considered ways of planning for emergencies. Each person had a recently reviewed individual evacuation plan within their care plans and emergency 'grab cards' in their bedrooms with the information the emergency services required. This included the service's address, telephone number, and key information about the person, including their date of birth and medical history. This helped to ensure that appropriate support would be given in the event of an emergency, such as a medical emergency or fire at the service.

People were satisfied with the way staff supported them to take their prescribed medicines and said they received these in a timely manner. One person told us, "[Staff] always bring my tablets four times a day, they are on time and I know what I'm taking because they have told me in the past." Another person said, "[Staff member's names] do the tables. They're always on time." They went on to tell us staff gave them medication for pain relief when they requested it outside of the routine times for their medicines. They told us, "I ask staff if I need extra painkillers and they bring them."

We saw that people were safely supported with the administration of their medicines. People were supported to take their own medicines where they were able to do this. Medicines' care plans reflected the reason each person needed or wanted support with their medicines. For example, that the person had a cognitive impairment, or that the person's medicines regime was complicated and they had requested staff assistance.

Staff were flexible and supported people with their medicines in the best way that suited them. For example, one person felt unable to manage all their medicines, but preferred flexibility in the time they took their medicine before going to bed and when they woke up. Staff had assessed the risk and found the person was comfortable receiving these two doses of medicines and taking them at the times they preferred. Lockable storage had been provided so the medicines could be kept safely. This meant the person retained some autonomy and independence in the management of their complex medicines regime.

There were appropriate systems in place to ensure people received their medicines safely. Staff told us that they had received training in administering medicines and that the manager regularly checked their competency. We found that medicines were stored securely and at the correct temperatures. Medicines were administered in line with the prescriber's instructions.

Appropriate arrangements were in place for the recording of medicines received and administered. Where people required topical creams, there were body maps to show exactly where the individual creams should be applied. Checks of medicines and the associated records were made to help identify and resolve any discrepancies promptly.

Good

Is the service effective?

Our findings

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found the service was working within the principles of the MCA. We saw that assessments and decisions to restrict people's liberty had been properly taken and the appropriate applications made to the relevant authority for authorisation. This showed that consideration had been taken to ensure the service provided was in people's best interest and was provided in the least restrictive manner.

Staff were able to tell us the types of decisions each person was able to make and some people's care plans reflected this information. For example, one person's medicines care plan explained that staff managed their medicines because the person could not retain the information to do this safely. We also saw that staff had completed a mental capacity assessment for one person which stated they did not have the mental capacity to make decisions. However, this did not state the specific decision the assessment was in relation too. The manager told us that she had identified that she and other staff needed further development in this area to embed their knowledge and had booked a training session for the following week.

People told us they liked the staff who worked at the service and that their care needs were met. One person said, "[The staff] seem nicely trained." Another person said, "I get on with all the staff and they are very kind."

Staff confirmed that their induction, in conjunction with shadow shits had enabled them to feel confident when providing care. One member of staff told us "I shadowed [a more experienced member of staff] for a few weeks when I started [working at the service]." They went on to tell us that they work was monitored and that they met with the manager to review their competence during their probationary period. The manager told us that new staff were working towards the Care Certificate [a nationally recognised training standard for social care].

Staff told us they were trained in the subjects deemed mandatory by the provider such as moving and handling, fire safety, first aid, palliative care, and dementia awareness. They told us, and records showed, that all staff attended training in these 'mandatory' topics each year.

Staff members told us they felt well supported by their manager and senior staff. Staff received formal supervision regularly and said that this was a useful experience and provided an opportunity to discuss their support, development and training needs. A senior member of staff told us that all members of the senior

team work alongside staff providing people's direct care. This enabled them to monitor staff practice and address any issues. They said, "We are constantly checking on staff, checking they know about pressure sores, hoisting etc." A member of staff said, "Yes, we can talk [to the manager], they want our ideas that make the home the best for the residents." Surveys were returned to the provider by 17 staff. Seven of the 17 staff said their supervision was 'good' or' very good'. Ten staff said they felt their supervision was 'excellent'.

The provider had recently introduced a new catering system to the home where an external company provides the meals for staff to heat up. People told us they liked the food provided. One person told us, "The food is pretty good and I'm never hungry." Another person said, "The quality of the food here is very good, but it tends to be two cooked meals a day, which is a bit much for me. The alternative is generally soup with a bread of some sort, which isn't a great choice." A relative told us, "My [family member] does enjoy the food here and I'm sure they fill [my family member] up because [my family member] never seems hungry."

The manager told us they had reviewed "the whole dining experience". This included the food served and the environment where meals were taken. We noted staff took time to make the dining room an attractive and welcoming place before each meal.

People could choose where they took their meals and were offered a choice of what they would like to eat and drink in a way they could understand. The main meal consisted of a three course lunch. Menus showed two choices available at mealtimes and people confirmed they were offered choice.

Appropriate diets were provided to people who required them. For example, we saw that some people required a soft diet, which was provided. Staff understood the importance of following the guidance provided by the speech and language therapist to minimise the risks of the person choking.

People were supported to have enough to eat and drink. Staff offered to help people with their meals and drinks, if they needed assistance. We saw that staff gave each person the time they needed and did not try to rush them. Staff knew people well and how to offer them support. For example, one member of staff told us about a person who often refused to eat or drink, but that the person often responded to them taking the person's hand and stroking their arm and then ate and drank.

People had access to healthcare professionals and were supported to manage and maintain their health. One person told us, "The staff here are very good and talkative and if I have a health problem then they are quick to call the doctor." A healthcare professional who visited the service regularly told us that staff referred any healthcare concerns to them "in plenty of time" and confirmed that staff followed their guidance.

Records showed that people's health conditions were monitored regularly. They also confirmed that people were supported to access the services of a range of healthcare professionals, such as the community nurses, the GP and therapists. Staff made appropriate referrals to healthcare professionals. This meant that people were supported to maintain good health and well-being.

Good

Is the service caring?

Our findings

People and their relatives praised the staff. One person said, "I think they [staff] are all very good here, especially the Manager. They are in and out all the time checking on me." Another person told us, "Nice carers. They do talk to you. That makes a difference."

The service had also received several written compliments from relatives. One relation wrote, 'Thank you for making the last few weeks of fathers life so comfortable I know we couldn't have found a more caring establishment.' Another relative wrote about the, 'Peace of mind' they experienced because they knew their relative was being well looked after when they were away.

The staff we spoke with told us that they would be happy for their family member to be cared for by the service. They told us this was because the staff were so caring. One staff member said, "It's about how they like to be respected. It's about giving them time." Another staff member said, "The staff are nice and gentle, not rushing. … They care."

We observed kind, caring and friendly interactions between staff and the people living at the service. Staff showed kindness to people and we saw this had a positive impact on people and we saw the person responded by smiling and talking. One member of staff told us, "Sometimes all [people] want is a hug." Staff were polite and addressed people using their preferred name. They initiated conversations and listened when people spoke with them. Staff showed patience and were encouraging when supporting people. They spoke calmly to people and did not rush them. Staff were knowledgeable about people's needs and interests.

People told us that staff involved them in every day decisions about their care. One person told us, "I make my own mind up when I get up and go to bed, but I do need someone to help me." People told us that staff had encouraged them to bring personal items of furniture, keepsakes, and cd's with them when they moved to the service. One person said, "I brought in my pictures and music. I've got an iron and do my ironing on my good days." They told us this helped them to feel more "at home".

There were clear signs around the service to help people find their way. For example there were memory boxes, containing things that were meaningful to the person outside people's bedrooms. This helped people to easily recognise which was the door to their room. Playing cards had been incorporated into these memory boxes to indicate the time each person preferred to get up in the mornings. This helped to ensure that people received assistance from staff when they wanted it.

Staff supported people to meet their religious and cultural needs. For example, a local religious leader visited the service each month. Staff told us that they had arranged for the leader of another faith to visit the home when a person requested this.

People said their privacy and dignity was maintained and that they were treated with respect. We also saw examples for this. For example, we saw staff knocking and waiting before entering people's rooms. People

told us that they felt cared for. One person said, "The best thing about this place is the care." A member of staff said, "They're putting their trust and lives in your hands. You've got to respect that."

Relatives told us they felt comfortable visiting the service and were kept informed of their family member's health and well-being. One relative said, "It's obvious that [my family member] is looked after very well here. They also look after me and ask if I want tea when I come into visit." Another relative commented that, "They do sometimes call me with updates on [my family member's] condition or anything they feel I should know."

Good

Is the service responsive?

Our findings

People and relatives felt that staff understood and responded to people's care and support needs. One relative told us, "Staff have been working very hard to meet [my family member's] needs." Another relative said, "I think my [family member's] care here is wonderful." A third relative told us, "[My family member] came in with a sore and its all healed up. [The staff are] fantastic. I'm really pleased. The care brilliant." A healthcare professional who visited the home regularly said they were very happy with the care given at the service and described the pressure care people with poor skin integrity received as "fantastic".

The provider had devised a book called 'my life book' which staff asked people and their families to complete with information about the person and photographs. This helped staff to know about people's history and what was significant in their lives. Staff talked passionately about the people they supported. Staff knew people well and told us about people's history, health, personal care needs, religious and cultural values and preferences. This information had been incorporated into people's care plans.

People's care needs were assessed prior to them moving to the service. This helped to ensure staff could meet people's needs. This included people's life history, preferences, allergies, family, friends and their hobbies and interests. One relative told us, "The manager asked us all about [my family member] as a person and [their] care needs, medicines etc. and how [they] liked to spend their time."

This assessment formed the basis of people's care plans and was to help ensure that the care that was provided would effectively and consistently meet people's needs. For example, there were clear instructions as to how to support a person to prevent pressure ulcers from forming. This included how to care for the person's skin and the frequency they should be assisted by staff to reposition.

Staff recorded changes in people's health and well-being and the care they had received each day. We saw that care records had been reviewed regularly to ensure that they reflected people's current needs.

Seventeen people responded to the provider's survey about the activities available for people to engage in at the service. Seven people said they were 'excellent', four said they were 'very good' and six said they were 'good'. This showed that people liked the activities that were on offer.

The provider employed two activities co-ordinators and an activities assistant. There were organised and impromptu activities for people to be involved in. People told us about how they spend their time. One person said, "I do take part in activities and the quizzes are my favourite. [The activities organiser] is very good at booking monthly entertainment and I look forward to that." Another person told us, "I find the activities are well organised and I … join in with the fun."

We saw various organised activities take place including a game of skittles. People clearly enjoyed this and were cheering and clapping to encourage each other. During the morning we saw a staff member reading a newspaper with people. The staff member clearly knew people's personal preference for items and selected politics, general news and the horoscope for different people. The staff member commented that they felt it

was important people had the opportunity to keep up with local and world news.

We also saw various impromptu activities take place, including 'sing-a-longs'. We noted an impromptu 'sing-a-long' during the day, lasted about 20 minutes. The activities co-ordinator later told us that they ensure this happens at least once a day in that area of the home. This was because they knew two people enjoyed singing. One person confirmed, "I particularly enjoy singing and do have opportunities for that."

The manager and staff told us that the gardens were well used when the weather is good. One person commented, "They've done a good job of the gardens." We saw the gardens were well maintained and that an area of lawn had been fenced off and could be accessed from the dining room via a gentle slope. The manager told us they planned to make improvements by installing a paved area and gazebo for shade so the garden could be used by more people.

People told us that they were encouraged to maintain existing relationships. Visitors were encouraged into the service at any time and told us they felt welcomed. Staff also supported people to visit friends and relatives.

People and their relatives said that staff listened to them and that they knew who to speak to if they had any concerns. Everyone we spoke with was confident the manager would listen to them and address any issues they raised. The people we spoke with told us they had not felt the need to complain about anything at the service. One person told us, "Not that I have any complaints, but if I did then I'd tell the manager." Another person said, "If I have a complaint then I have been told I can talk to [manager] about anything."

The complaints procedure was available throughout the service. Staff had a good working understanding of how to refer complaints to senior managers for them to address. We found that complaints were investigated and dealt with appropriately and thoroughly within the timescales stated in the complaints procedure. We saw that the registered manager learned from complaints and made improvements where appropriate.

Good

Is the service well-led?

Our findings

We received positive comments about the management of the service from the people, visitors and staff. People all knew the manager and said they felt they could speak with her. Seventeen people responded to a survey in April. Seven of these rated the management team as 'excellent', four as 'very good' and the remaining six as 'good'.

The last registered manager cancelled their registration with the Care Quality Commission (CQC) in April 2016. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

A new manager took up post on 1 March 2016. They were present throughout the inspection and told us they had almost completed their application to be the registered manager and would submit this to CQC shortly.

The manager was supported by a senior staff team, care workers and ancillary staff. Staff were clear about the reporting structure in the service. From discussion and observations we found the manager and staff had a good knowledge and understanding of the care needs and preferences of the people receiving this service.

Some staff told us they had been through an unsettling time due a number of staff leaving and changes in management of the service. However, they said manager was approachable and that they felt well supported. They said they felt listened to and involved and that this had improved staff morale. One staff member said, "[The manager] works the floor. [She's] one of the few managers I've known to do that. She likes to know what's going on." Another said, "[The manager] says 'I want my staff to be happy'. She does get things sorted. She does make time for you." A third member of staff said, [The manager] is very approachable. I don't feel stupid when I ask her something." Seventeen staff had responded to the staff survey. Of these, 12 rated the manager as 'excellent', with the remaining staff saying the manager was 'good' or 'very good'.

All the staff we spoke with were familiar with the procedures available to report any concerns within the organisation. They all told us that they felt confident about reporting any concerns or poor practice to more senior staff including the manager. Staff said they could speak freely at meetings and during supervision. One member of staff told us, "Yes we can talk, [the management team] want our ideas that make the home the best for the residents."

Staff we spoke with had a shared understanding of the values of the provider. Both the manager and staff told us "It's all about giving [people] choices." It was clear that people were put first and foremost in everything related to living at the service.

The provider had implemented a 'later life initiative' which they called 'sparkle'. The director explained this was to help people achieve their goals and ambitions. One person told us how the director had arranged for them to have a trip to see a London show. They told us that the director arranged for two staff to accompany them and met them in London. The person said, "We took a cab to Peterborough and the train to London... We took a ride around London in a taxi. We saw the Houses of Parliament. We went all round. Then we had a meal and saw the 2.30 performance. It was fantastic, really good. [The director] got me a programme and a mug as well. It was all so well organised. I never thought I'd get to see a London show. [It was] fantastic!"

The provider and manager had implemented innovative measures to try to improve people's quality of life in the longer term. This included the use of basic sign language which the manager said staff and people were "having fun learning". The director told us "I wanted to always allow residents a chance to be [as] independent as possible and make their own decisions. My hope is that these simple signs will help them communicate [if they can no longer communicate verbally]."

We saw that the provider was continuously working to improve the environment. We saw that most of the home had been redecorated and a bathroom had recently been refurbished. The director shared plans to further improve areas of the building to improve the services offered. These included a new cinema room and hairdressing salon.

The provider recognised good practice. We saw that the service was nominated in 2014 as best care home in East Anglia in the Care Home Awards. The service was also a finalist in the Regional Great British Care Awards in 2015 and an activity co-ordinator was a finalist for the 2015 Activity Organiser Award.

The manager had implemented a comprehensive quality assurance system and sought feedback from people in various ways. Meetings were held with people bi-monthly. Minutes showed people were asked for feedback on topics such as décor, the new management arrangements, food and activities.

People were also issued with short surveys bi-monthly. The manager told us they varied the questions they asked and that this depended on what was going on in the service at the time. Recent topics had included questions on the laundry service, the management team and activities. These all received positive feedback.

Records we held about the service, records we looked at during our inspection and our discussions with the manager confirmed that notifications had been sent to the CQC as required. A notification is information about important events that the provider is required by law to notify us about. This showed us that the manager had an understanding of their role and responsibilities.