Kendalcourt Limited

Home Park Nursing Home

Inspection report

Home Park, Knowle Lane
Horton Heath
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Hampshire
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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

This inspection took place on 24 October 2016 and was unannounced. The home provides accommodation for up to 35 people with nursing care needs. There were 33 people living at the home when we visited, all of whom were living with dementia and had additional nursing needs. All areas of the home were accessible via a lift and there were three lounge/dining rooms on ground of the home. There was accessible outdoor space from the ground floor. Bedrooms were a mix between single and shared occupancy.

There was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

At our last inspection in July 2015, we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements in the areas of: ensuring peoples care plans reflected their most current needs, ensuring guidance for staff was clear to support people with their medicines, and taking steps to minimise risk to ensure a safe environment for people to live in. At this inspection we found that improvements had been made and provider had taken steps to meet the requirements of the regulations.

People received personalised care which was tailored to their needs. This included care plans that reflected peoples; dietary needs and preferences, personal care routines, people's life history and medical conditions. People and their relatives were involved in the planning and reviewing of their care and told us the provider worked in partnership with them.

People's care records were updated regularly to reflect their changing needs. The staff responded quickly to changes in people's health and wellbeing. Staff were able to identify when people's conditions changed and took appropriate action to ensure they were seen by healthcare professionals.

The provider had made adjustments to the environment to make it more suitable for people living with dementia or visual impairment. Environmental and individual risks to people were monitored and managed to ensure the risk to people coming to harm was minimised. The registered manager undertook regular checks and audits of the home environment to ensure it provided a safe and comfortable place for people to live in. Incidents were analysed to identify causes with measures put in place to reduce the risk and likelihood of reoccurrence.

People were cared for with kindness and compassion. Staff followed legislation designed to protect people's rights and freedoms.

Staff knew people well and interacted with them positively when supporting them. They actively sought to uphold people's choice, privacy and dignity. People had a range of activities available for them to

participate in and were supported to maintain contact with people who were important to them.

People's medicines were managed safely and people received their medicines as prescribed.

There was a clear management structure in place and sufficient staff that were suitably skilled and qualified to meet people's needs. Staff felt supported in their role by the registered manager and received regular supervision and guidance. Staff were confident in identifying and acting upon safeguarding concerns about people.

The service had an open and transparent culture. The provider encouraged feedback from people, relatives and professionals and looked to make improvements from suggestions made. Complaints were dealt openly with the registered manager responding feeding back to people in a timely manner. The provider notified CQC about significant events that happened in the home.

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 sufficient staff that were suitably skilled and qualified to meet people's needs.

People were supported to take their medicines as prescribed and systems were in place to effectively and safely manage medicines.

Staff understood how to protect people from abuse and act upon safeguarding concerns.

Risks to individuals and the home environment were effectively managed to help keep people safe from harm.

Is the service effective?

Good

The service was effective.

Staff followed legislation designed to protect people's rights and freedoms.

People received a diet which was appropriate to their needs and reflected their preferences.

People were supported to access healthcare services when required.

Staff knew how to meet people's needs; they were suitably trained and supported in their work.

The provider made adjustments to the environment to make it more suitable for people living with dementia or visual impairment.

Is the service caring?

Good

The service was caring.

People were cared for with kindness and compassion. Staff knew people well, interacted positively when supporting them.

People were supported to maintain relationships that were important to them.

People and their relatives were involved in developing their care plans.

People had their privacy and dignity respected.

Is the service responsive?

Good

The service was responsive.

Peoples and their relatives were involved in their reviewing their care needs.

People received personalised care and support. People's family members were regularly updated in response to changes in people's health and wellbeing.

People had access to a range of activities in the home.

Complaints were responded to openly and in good time.

The provider sought feedback from people, families and professionals in order to make improvements to the service.

Is the service well-led?

Good

The service was well led.

Auditing and quality assurances processes were in place which resulted in improvements being made to the service and a safer environment for people to live in.

Incidents were analysed to identify causes with measures put in place to reduce the risk and likelihood of reoccurrence.

There was a clear management structure in place. Staff felt supported in their role by the registered manager.

The provider notified CQC about significant events that happened in the home.

The service had an open and transparent culture and the provider welcomed feedback from people, relatives and professionals.

Home Park 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 October and was completed by two inspectors. It was unannounced.

Before the inspection the provider completed a Provider Information Return (PIR). 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 reviewed the PIR, previous inspection reports and notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law.

We spoke with 12 people living at the home or their relatives; We also spoke with the provider's representative, the registered manager, seven nursing or care staff and the activities co-ordinator.

We looked at care plans and associated records for nine people and records relating to the management of the service. These included staff duty records, staff recruitment files, records of complaints, accidents and incidents, and quality assurance records. We observed care and support being delivered in communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

At our last Inspection in July 2015 we found people did not always have effective care plans in place for medicines which were prescribed 'as required' (PRN). At this inspection we found improvements had been made and staff were following clear plans that identified which medicines people needed and when they may require them.

People were supported with 'as required' (PRN) medicines for conditions such as pain or anxiety. Staff used guidance in people's care plans to help identify when people may need these medicines. Staff observed and prompted people to determine whether they required their PRN medicines. They explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them.

Suitable arrangements were in place for obtaining, storing, administering and disposing of medicines. A stock management system was in place which helped to ensure medicines were stored according to the manufacturer's instructions. The provider's process for the ordering of repeat prescriptions and disposal of unwanted medicines helped ensure that people had an appropriate supply of their medicines.

Some medicines needed to be stored at specific temperatures to maintain their effectiveness. A refrigerator was available for the storage of medicines which required storage at a cold temperature in accordance with the manufacturer's instructions. The provider monitored and recorded temperatures for medicine storage areas to ensure that medicines were stored at the appropriate temperatures.

Care plans contained information to assist staff to support people who declined to take their medicines and staff were able to explain what they would do when this happened. For example, one staff member told us, "There are a couple of people who sometimes don't want to take them (their medicines). In this case, we will come back in five minutes, try to prompt again or get another member of staff to try".

At our last Inspection in July 2015 We found that the provider had not taken all steps to minimise the risks within the home environment. At this inspection we found that improvements had been made and the provider had taken steps to ensure secureness of windows and fire exits and had a system in place to monitor health and safety in the home. In addition to health and safety audits, the registered manager also carried out checks and audits of infection control and emergency evacuation equipment. The provider also had a business continuity plan in place. This identified actions to take in the event of emergencies such as loss of power, flooding and outbreak of infectious illness. These measures helped to ensure that the risks within the home were assessed and actions put in place to minimise these risks.

People were protected from individual risks in a supportive way which promoted their choice and independence. All care plans included risk assessments, which were relevant to the person and specified the actions required to reduce the risk. These included the risk of people falling, nutrition, moving and handling and developing pressure injuries. One person was at risk of falls whilst in bed. The provider had arranged for the person's bed to be lowered and the surrounding area cleared of obstructions. This enabled the person to continue to get in and out of bed independently whilst reducing the risk of them falling. Where

assessment indicated people were at risk of developing pressure injuries, the provider put measures in place to reduce the risk.

People felt safe living at Home Park. One person told us, "Yes, I like it". Relatives of people were consistently complimentary about the home, its staff and the care their family members received. A relative told us, "[My family member] is cared for very well, the staff make every effort for [my family member], she is so well looked after, and I can't fault anything". Another relative said, "[My family member] has been to a few different homes, but this one is definitely the best, I have no concerns whatsoever".

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. All staff received training in safeguarding which helped them identify report and prevent abuse. Staff told us about how they would safeguard people and actions they would take if they thought someone was experiencing abuse. One staff member told us, "I would report concerns to the manager, the manager will always act". Other staff members said, "If the manager didn't respond to concerns I would contact the safeguarding team and CQC", and, "I would whistle blow if I needed to".

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. One relative told us, "Even though in the last 18 months they have lost some experienced staff, including a nurse she [my family member] liked, I think they are recruiting replacements and in the meantime I visit regularly and there is always lots of staff around and they know [my family member] well". Staffing levels were determined by the registered manager and were assessed in accordance with people's needs. Staff were responsive to people's requests and were able to spend time talking to people about their day and give people reassurance if they became confused.

Staff had mixed views on staffing levels at the home, One staff member said "We have enough staff but it can be a struggle", another said, "We don't have enough staff", and a third said, "Sometimes we are a bit short on staff, although the manager does get agency staff in and we are trying to recruit". The registered manager told us that they were in the process of recruiting additional care staff to replace staff that had left. In the interim, gaps in the rota were filled by agency workers. The registered manager was forwarded recruitment and background information about agency workers prior to them working at the home in order to check they were sufficiently skilled in the role.

Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character. Staff files included application forms, records of interview and references from previous employment. Staff were subject to a check made with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with vulnerable adults.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled in meeting their needs. Comments included: "The standard of care that the staff provide [for my family member] is very good", "The staff deserve a lot of credit for the care they have given [my family member]", and, "The staff know what they are doing, they certainly do a job taking care of me".

Staff had the training and skills they needed to meet people's needs. Training was regularly refreshed to ensure staff's working practice followed the latest best practice guidance. Many staff were supported to obtain additional qualifications in health and social care to further increase their skills and knowledge in their role. Nursing staff were supported to maintain their professional registrations and attend external training relevant to their roles. New staff received training that was in line with the Care Certificate. This is awarded to staff that complete a learning programme designed to enable them to provide safe and compassionate care to people. Staff received training in dementia, which helped to give them effective communication skills and an understanding of individuals' needs when supporting people living with dementia at the home.

Staff were confident and followed safe practice when supporting people to mobilise around home. This included the use of hoisting equipment and other mobility aids. One person had a wound that required monitoring and management. The nursing care required was well documented in the persons care file and the GP had been involved in the management of the wound. Staff showed us how the person's condition was being assessed and monitored effectively.

Staff were supported through supervision to build their skills and knowledge. One staff member told us, "I get supervision regularly; I think I have it every three months, but I can go to the manager anytime and she will listen". Staff were encouraged to reflect on their work performance during supervision. In addition, concerns and training needs were discussed. The registered manager also conducted work based observations of staff. This helped to give them first-hand knowledge of staff's working practices and behaviours.

People's legal rights were protected as staff followed the principles of the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. When people lacked the mental capacity to take particular decisions, such as the delivery of personal care, the administration of medicines, the use of bed rails and the use of a 'lap belt' on wheelchairs, the provider documented why decisions had been made in the person's best interests and who was involved in making specific decisions.

Staff sought verbal consent from people before providing care and support by checking they were ready and willing to receive it. Staff complied with people's wishes; for example, one person often declined to take

their medicines. Staff told us what they did when this happened. For example one staff member told us, "If a person declines their medicines we will try a different approach, such as another member of staff may try or will try again later if the medication allows this".

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and if any conditions on authorisations to deprive a person of their liberty were being met. We found staff at Home Park Nursing Home were following the necessary requirements. The registered manager had applied for DoLS authorisations where necessary and showed us records of when authorisations would need to be reapplied for. Staff understood their responsibilities and knew how to keep people safe in the least restrictive way.

Staff were aware of people's dietary needs and preferences. People at lunch told us, "It [lunch] was lovely", and "It's very good". Relatives told us "The food is lovely, excellent meals", and "The food offered is of a consistently high standard, they always serve appetising menu choices and seem like they really think about what people want". Information about people's specific dietary requirements, around allergies or consistency of food, was displayed in kitchen areas. This helped to ensure that people received foods specific to their dietary requirements.

People were given a choice about their food and drinks. Staff spoke to people individually to help them make menu choices and used knowledge of their preferences if they struggled to decide. One member of staff said to a person "Would you like a drink?" and when the person replied "Yes", the staff member listed the options and said "Your favourite is hot chocolate isn't it, do you want me to get you one". During lunch, two people were reluctant to eat their meals and were offered alternatives which they appeared to enjoy more. A member of staff told us, "People are always offered alternatives or two puddings if they had not eaten much of their main meal".

When necessary to support people's health and wellbeing, staff monitored the amount people ate and drank using food and fluid charts, along with regular monitoring of their weight to pick up any changes which might indicate a medical issue. Staff told us what action they would take if a person's appetite had reduced or they had lost weight. One staff member said, "If we weigh someone and they have lost weight we would look at the food choices we offer, talk to them about what they would like to eat and contact the GP".

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other healthcare professionals. Relatives told us, "There is regular access to healthcare; whenever I have been concerned and suggested additional tests or input, they [the provider] have always responded straight away". People had access to doctors, opticians, dentists and other health professionals as required. One person was supported to contact Speech and Language Therapists (SALT) after the staff raised concerns about the risk of the person choking. From this input, guidance was put in place around the person's consistency of food and body posture when they ate. These measures helped to reduce the risk of the person choking when eating.

The provider had made adaptations to the environment to make it suitable for people living with dementia or with nursing needs. Doors to rooms were clearly labelled with pictures to help people navigate their way around the home. The labels were bold at eye level to make them easier to read. Carpets and floor surfaces were matt, not patterned and neutral in colour. People living with dementia and/or visual impairment can find patterns in flooring and reflective surfaces confusing as they make it difficult to judge depth and distance. Communal areas were well lit and walkways unobstructed. This helped people safely move

around the home and reduced risk of tripping or falling. People's rooms were personalised with pictures and items personal to them. People had access to specialised equipment such as beds, hoists, mobility aids and adapted bath equipment which was appropriate to meet their needs.

Good

Is the service caring?

Our findings

People were cared for with kindness and compassion. People and their relatives held staff in high esteem. They told us, "[Staff are] absolutely great, really caring", "[My family member] is cared for very well, the staff make the difference, I can relax knowing they are looking after her", and, "They [staff] are very kind".

Staff had in depth knowledge about people and cared for them with enthusiasm and dedication. One relative told us, "They [staff] are so patient and lovely with her [my family member]". Another relative said, "As time has gone on the staff have got to know [my family member] really well. [My family member] may not always remember who people are so I'm grateful he is being looked after so well". Staff supported people around the home with patience and attentiveness. Staff regularly checked on people to see if they had sufficient food and drinks and engaged people with light humour when encouraging them to participate in activities. Staff told us, "I love working here, I love the residents and we are a good and supportive team to each other", and, "I enjoy working here and looking after the residents".

People and where appropriate, their families were involved in discussions about developing their care plans, which were centred on the person as an individual. One relative told us, "They really try to involve us in care planning". Before first arriving at the home, people and their relatives were asked to complete documents which detailed their life histories, likes and dislikes. This helped the staff develop support plans tailored to people's individual needs, especially if people were no longer able to verbally communicate their wishes. People and their relatives told us staff would discuss if there were any changes needed to the way they were cared for. One relative told us, "They are always open to suggestions about trying things a different way".

People were supported to maintain important relationships. People's relatives told us that the staff were welcoming and accommodating to their needs as family members. One relative told us, "The family atmosphere makes you feel welcomed and at home", another relative told us; "I think they manage relationships with families very well. They have certainly always facilitated our wishes and make it a pleasure to visit [my family member]".

The provider distributed a newsletter monthly which gave people information and updates about the home. This included entertainment, birthdays and also requested feedback about the service and nominations for 'employee of the month'. Relatives told us that this was useful to keep up to date about events in their family members' lives. People were able to invite their relative's to a tea party event which was held in the home every month. Staff adapted a room to make it look like a tea shop and people were encourage to spend time with their relatives whilst enjoying music, cake and tea, Some people were supported to keep in contact with relatives through regular phone calls or correspondence. These relationships were clearly identified in people's care plans to emphasise the importance of staff supporting them to maintain contact.

Staff understood the importance of respecting people's privacy and dignity. Staff explained how they provided care to an individual person that was in a shared room. They told us they would ensure that the curtains were closed as the bedroom window overlooked the carpark and they wanted to maintain the person's privacy. They also said they ensured a privacy curtain was used to separate them from their

roommate's view. Staff hung signs on people's doors when personal care support was taking place. This helped ensure that people did not enter the room. The provider had a 'dignity diary' located by the main entrance of the home. This invited people to share examples where they had or had not seen a person's dignity being promoted within the home. The entries were reviewed by the registered manager and examples shared in team meetings. This encouraged staff to reflect on their working practice and gave staff ideas and encouragement to promote people's dignity.

People's confidentiality was respected and upheld by staff. People's care records were stored securely away from communal areas, so were not in view of visitors or other people. Staff handed over information to each other away from communal areas. This helped to ensure that personal or sensitive information about people was kept private.

Good

Is the service responsive?

Our findings

At our last Inspection in July 2015 we found people did not always have a care plan that reflected their most current needs. At this inspection we found that improvements had been made and people's care plans were reviewed regularly to ensure that they reflected changes in people's health and wellbeing.

People or their relatives were involved in developing their care, support and treatment plans. One relative told us, "They [staff] really seem to listen to what you say and want our input [into care planning". Another relative told us, "I have often given suggestions and they have been very open about incorporating them". Many people living at Home Park Nursing Home were unable to contribute towards the development of their care plans due to the effects of living with dementia. In these cases relatives were asked to provide information about people's life histories, likes and preferences. People had care plans that clearly explained how they would like to receive their care, treatment and support. This gave staff information about how to effectively follow people's wishes when supporting them.

People's needs were reviewed regularly and as required. Care plans included information that enabled the staff to monitor the well-being of the person. The provider had a system in place where care plans were reviewed monthly with any changes to people's health or wellbeing clearly identified so all staff were aware. Where a person's health had changed it was evident staff worked with other professionals in order to ensure people's care plans reflected their most current needs. For example, one person was exhibiting a change in behaviour which led to them being diagnosed with a urine infection (UTI). This person's care plan was changed promptly to ensure their support guidance included information for staff to monitor person's condition by offering regular drinks to help avoid recurrent infections, alongside a course of antibiotics prescribed by the GP. The registered manager held regular reviews with people which included their family members. One relative told us, "They normally get together every six months to formally go through the care plan and update it; they listen to feedback and make sure that we are all on the same page".

People had a range of activities available they could be involved in. One person told us, "You can do as you want to do; they put things on for you, and its good". Relatives told us, "People seem to have enough to do", and "They make an effort to get people to do things. It's not easy, but I think they get the balance about right". Activities were divided into group sessions and quieter one-to-one sessions. These included: Arts and crafts, games, quizzes, reminiscence, physical expression, music/singing and chair exercises. External entertainers, musicians and theatre companies also regularly visited the home to provide shows for people to engage in. People's care records showed that they had a choice to participate in activities. A member of staff told us, "People get enough to do; if the activities co-ordinator is not here we will listen to music with them, paint their nails and encourage them to do art or play games".

People's concerns and complaints were encouraged, investigated and responded to in good time. The provider had a formal complaints policy and also comments books in the entrance to the home. The comments books encouraged people, visitors and health professional to give feedback about the service after they visited. The registered manager reviewed the comments made to identify trends and areas to improve. An example of this was the registered manager changing the structure of staff shift patterns. This

was in response to feedback that people needed more time with staff during mealtimes. This resulted in staff being able to provide additional support to people during mealtimes without being rushed or having a change of staff member mid-meal. The registered manager responded quickly and openly when formal complaints were made. They investigated issues thoroughly and fed back findings with learning points to staff, people and those who raised complaints.

Good

Is the service well-led?

Our findings

People and their relatives felt the service was well led and they had confidence in the registered manager's ability to run an effective service. One person told us, "She [the registered manager] runs a tight ship here; all these lot [staff] know what they are doing". Relatives told us, "She [the registered manager] is doing a good job", and "I give her credit, I don't have any issues at all".

There was a clear management structure in place. This comprised of the registered manager, deputy manager. Staff were motivated, focussed and felt supported in their roles. Staff members told us, "I have confidence in the manager", and, "The registered manager knows what she is doing and has really turned the home around". The registered manager told us they felt supported by the provider. They told us that the senior management from the provider's company regularly visited the home and supported them by attending local provider events to keep them updated with new or emerging issues in social care.

The registered manager was committed to maintaining a positive culture within the service. They had an open door policy if staff had questions or needed advice and helped out with care tasks when they were short staffed. They told us, "It's great to get back on the floor and help out with the care. It keeps me fresh and means I have got to know the people and staff really well". Staff told us they felt this was very supportive. One staff member said, "I respect that she [the registered manager] gets stuck in".

There was an open and transparent culture within the home. People and their families told us the provider would inform them of important events, changes and incidents that occurred. Relatives comments included, "There is a good communication level; if I have concerns or worries then I will go straight to the office", and, "They have called me before to let me know [my family member] had a fall; I did not expect that". The registered manager had notified CQC about significant events that happened in the home. We used this information to monitor the service and ensure they responded appropriately to keep people safe. Previous inspection ratings were clearly displayed in communal areas of the home and staff told us they felt confident raising issues to the management. One staff member said, "The registered manager and deputy manager are really approachable and the management team are good; they know the people and staff well and are open and honest".

The provider had a whistle-blowing policy in place. This provided staff details of external organisations where they could raise concerns if they felt unable to raise them to management in the home. Staff understood how to use this policy. For example, staff told us they could contact the local authority or the Care Quality Commission (CQC) if they needed to.

The registered manager kept their knowledge and skills updated to ensure the home was working within current professional and legislative guidelines. They kept updated with their professional qualifications with The Nursing and Midwifery Council (NMC). This helped to enable them to support the service to follow best practice in their nursing care. The manager also attending internal and external training and forum groups which covered issues within social care and nursing.

The provider looked for ways to continually improve upon the service being delivered. The registered manager showed us plans which were being introduced to further benefit the people using the service. An electronic system to manage medicines was due to be introduced in the coming months. The registered manager told us that the system would help to minimise any errors in ordering and re-ordering medicines and would help to ensure that any errors in medicines administrations were identified promptly by management.

Quality assurances systems were in place to monitor quality of service being delivered and the running of the home. The registered manager carried out regular audits and checks to the home environment to ensure it was safe. These included checks on infection control, health and safety, water temperatures, gas and electricity. As a result of these audits, areas for improvements were identified and changes made. For example, infection control audits resulted in more frequent changes of the bins in bathrooms. Care files and documents were regularly audited to ensure that guidance and recordings were up to date and accurate. Audits picked up areas where improvements were needed and the registered manager showed us changes were made as a result. For examples, trends around medicines recordings resulted in the issue being addressed in staff meetings and clearer documentation around people's power of attorney details was implemented across the service after audits picked up gaps in some records. The registered manager also conducted observations of staff to check their competence and performance.

The provider analysed incidents and accidents to reduce risk of reoccurrence. For example, one person was supported to purchase a stair gate for their bedroom. This was due to incidents where other people had regularly come into their room. The provider worked with the person to identify a solution to ongoing incidents. The stair gate enabled the person to continue to have their door open without worrying about people entering without their permission.

The provider also sought feedback through questionnaires that were sent out to people and their families. The questionnaires asked for a wide range of feedback about the service, from the quality of care provided, to the attitude and competence of staff. Responses to the questionnaire were collated and shared with staff, people and their families. The feedback had led to changes being made. In one case, a person was supported to buy more personal toiletry items after it was raised that their toiletries did not suit their preference. Other people had said they did not like music in communal areas. This resulted in music being changed to suit people's preference.

The provider had made links to the local community to provide resources and activities for people. For example, people who were unable to attend church were supported to have a service held at the home. This had since ceased due to lack of demand, but the links made with the local church meant that services were available if requested. The registered manager had also held a series of events and parties at the home which members of the local community could attend.

Staff were kept informed about changes in the home and were asked their opinion about how to improve the service. Regular staff meetings were held where issues were discussed and key changes were identified to drive improvement. Records of recent staff meetings detailed discussions to ensure that daily recordings were clear and concise and that topical creams were labelled correctly after opening. A staff member told us, "The manager is approachable, understanding, will always make time to listen".