Care Quality Commission

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Woodlands Lodge Care 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?	Good

Overall summary

We carried out this inspection on 15 December 2015 and it was an unannounced inspection. This means the provider did not know we were going to carry out the inspection.

Since April 2013, Care Quality Commission inspectors have carried out three inspections. This was because we found areas of non-compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At the last inspection in January 2014, we found the home to be compliant with the regulations inspected at that time.

Woodlands Lodge Care Home is registered to provide residential care for up to 56 older people. On the day of our inspection, there were 51 people living at the home, three of who were on short-term respite.

Summary of findings

It is a condition of registration with the Care Quality Commission that the home has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run. The registered manager was present on the day of our inspection.

People and their relatives told us they felt the service was safe, effective, caring, responsive and well led.

People were protected from abuse and the service followed adequate and effective safeguarding procedures. Care records were personalised and contained relevant information for staff to provide person-centred care and support.

Staff received regular supervisions and appraisals and told us that they felt well supported by the deputy manager, registered manager and registered provider. Training was well maintained and updates were completed by staff, when required.

We found good practice in relation to decision making processes at the service, in line with the Mental Capacity code of practice, the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Regular quality-monitoring systems were in place and audits were carried out at the home. We saw that, where issues had been identified, the registered manager and registered provider had taken (or were taking) steps to address and resolve them. The registered manager and deputy manager told us they would ensure all actions, identified through audits, were signed off when completed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were protected from abuse and avoidable harm and the home ensured people understood what 'being safe' meant. There were effective and up to date safeguarding policies and procedures in place. Risks to individuals were managed to ensure that people had their freedom supported and respected.

There were sufficient numbers of suitably qualified staff on each shift at the home and the home had carried out adequate pre-employment checks.

Medicines were managed well to ensure that people received them safely and in the way they liked. There were no gaps in Medication Administration Records.

Good

Is the service effective?
The service was effective.

Staff training, supervisions and appraisals were up to date and staff had the knowledge, skills and experience they needed to carry out their roles effectively.

The home acted in line with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) guidelines and people had been asked for their consent.

People were supported to have sufficient amounts to eat and drink to maintain a balanced diet and the home ensured people had access to relevant healthcare services for ongoing healthcare support, where required.

Good

Is the service caring?
The service was caring.

Staff had developed positive, caring relationships with people who lived at the home and it was clear that people and staff were familiar with each other and comfortable in the company of others.

People who lived at the home were supported to express their views and be actively involved in the service by staff who promoted and respected people's privacy, choice and dignity.

Good

Is the service responsive?
The service was responsive.

People's care was personalised and responsive to their needs. Care records contained details of people's lives and preferences. Information was also present about people's life experiences.

The home routinely listened to people's experiences and responded well to any concerns or complaints made. Response letters were sent to the complainant to ensure that the outcome was satisfactory for all.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

The home promoted a positive culture that was person-centred, open, inclusive and empowering. The registered manager was approachable and staff told us they had no problems with raising any issues.

Management was visible at all levels throughout the home, which helped in ensuring the service delivered high quality care. The registered provider attended the home regularly and people who lived at the home and staff were familiar with who the registered provider was.

Managers carried out regular audits and sought the views of people, their relatives and staff through regular surveys being sent out.

Woodlands Lodge Care 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 was 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 15 December 2015 and was unannounced. This meant the provider did not know we were going to carry out an inspection on the day. The inspection was carried out by two adult social care inspectors.

Prior to our inspection, we spoke with 5 stakeholders including the local authority, South Yorkshire Fire & Rescue Service and Healthwatch Barnsley. We checked any previous notifications or concerns we had received about the service so that we could look into these during our inspection.

During our inspection, we spoke with the provider, the registered manager, the deputy manager, four staff members, six people who lived at the home and five relatives or visitors of people.

We looked at documents kept by the home including the care records of six people who lived at the home and the personnel records of four staff members. We also looked at records relating to the management and monitoring of the home such as training records and quality assurance audits and reports.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person who lived at the home said; "I couldn't really feel safer." Comments made by relatives or friends of people who lived at the home included; "I come to visit every other day. I find [the home and staff] very open. I have never seen anything untoward – I've only ever seen staff being nice to people. If I ever saw anything I would speak to the managers", "Abuse? I have no concerns about that area. It has never been an issue. It has never crossed our minds" and "I have not seen any abuse and I would not tolerate it if I did – I'd have collared someone long ago. If I did I'd see the manager, put a complaint in to the owner and complain to the Council." One staff member told us; "People are safe here. We have alarms on the outside doors and daily and weekly fire tests. People are safe from abuse – everybody who works here is aware of this. Because we have a close and friendly relationship with the management I would go into the office to report anything. I have never seen anything inappropriate that needs to be reported."

We asked people and their relatives if they felt there were enough staff on duty each shift. Everyone we spoke with told us they felt there were adequate staffing levels at the home. One relative told us; "There always seems to be enough staff on as far as I can see" and another relative said; "There are enough staff – [family member] gets what they want when they want it – the staff don't keep people waiting."

We looked at staffing rotas for the home and found there were adequate numbers of staff present on each shift. On the day of our inspection, on duty was the registered manager, the deputy manager, eight care assistants, an activities co-ordinator, a cook, a kitchen assistant, a laundry person, a handyman and four cleaners. We looked at previous and future staffing rota's and saw that there were always (at least) eight care staff members on each day shift. This demonstrated that staffing numbers at the home were adequate to meet people's needs in a timely fashion.

We looked in four staff files to check that the home carried out adequate pre-employment checks. We found relevant pre-employment checks had been carried out and included reference checks from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Referrals can be made to DBS if a person has acted inappropriately in the care setting. This meant the home followed safe recruitment practices.

Throughout the inspection, we carried out observations and saw that people were treated well, with safety at the forefront of care and support provided. All staff we spoke with were able to explain to us the different types of abuse, signs to look out for and how to report any concerns. This demonstrated staff were aware of safeguarding procedures, what to do is they suspected (or witnessed) abuse and how to keep people safe.

We reviewed the safeguarding policy for the home and saw that it had been reviewed, was up to date and remained relevant. The safeguarding policy contained information on how to keep people safe, how to respond to allegations or concerns, how to make a referral (and who to), actions to take following a referral being made and information about whistleblowing. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant that safeguarding policies and procedures were up to date and staff were aware of how to report any unsafe practice, in line with these.

The safeguarding log held at the home was well maintained and contained details of any safeguarding referrals and alerts. Information recorded included details of each incident or concern, outcomes of any investigations and any action plans put in place. We saw that, where a staff member was responsible for the concern, investigations were carried out and disciplinary procedures were followed. This demonstrated the home had appropriate procedures in place for addressing and responding to safeguarding concerns.

The accidents and incidents log kept at the home was well maintained and kept up to date with all completed accident/incident forms. Analysis of accidents and incidents was carried out on a monthly basis to identify any trends or patterns. Area's looked at during this monthly analysis included; the time of the accident or incident, the type of resulting injury (burn, fracture etc.), the exact location, whether the accident had ever occurred previously, any identifiable causes and the number of accidents or incidents that had previously occurred in the same area. Following this analysis, actions taken to reduce

Good

Is the service safe?

the likelihood of recurrence were recorded. This meant the home maintained the accident and incident log and carried out adequate monitoring of accidents and incidents to reduce the risks of them happening again.

Care records we looked at contained all relevant care plans and risk assessments in areas including, but not limited to; maintaining safety, personal hygiene, mobility, manual handling, falls, communication, breathing, eating & drinking, elimination, skin integrity, sleeping, privacy & dignity and mental cognition. All risk assessments and care plans were reviewed on a monthly basis, or sooner if the person's needs had changed and any changes were recorded in detail. There were plans in place regarding actions to take during an emergency. This meant the home ensured there were up to date arrangements in place for managing risk and ensuring people had their care and support needs met.

We looked at Medication Administration Records (MAR) at the home and found these were well maintained and completed accurately. Everyone we spoke with told us they received their medicines on time and when required. We carried out a stock check of 26 medicines at the home and found they were all correct. We checked controlled drugs kept at the home against the controlled drugs register and found stock levels and stored controlled drugs were correct. Controlled drugs are prescription medicines, which are controlled under the Misuse of Drugs legislation. Temperature checks of treatment rooms and refrigerators, where medicines were stored were carried out on a daily basis to ensure medicines were stored safely. We found in one treatment room that temperature checks had not been recorded recently. We spoke with a staff member about this, who told us that the thermometer had broken. We informed the registered manager about this, who sent a staff member to the local supermarket to purchase a new one. Before we left the home, we saw the thermometer had been placed in the treatment room. This meant the home had policies, procedures and documentation in place to ensure medicines were stored and administered safely to people and that the home took action to ensure these procedures could be followed.

Good

Is the service effective?

Our findings

Everyone we spoke with told us that they received their care and support in a way they liked and that they were able to make choices about their care and support. People and their relatives told us they had been involved in the planning of their care and support. One person told us; "[Staff] ask me what I want to do and if I'm happy all the time. They make sure I'm getting what I want. It's all written in my [care plans]."

People we spoke with were complementary about the food, describing it as 'good' and said that they were able to choose what they wanted to eat and drink. Comments made by people included; "You get what you are given (to eat). You get a choice as well or the cook might ask if you want something different like soup" and "I can get toast and cereal for breakfast, it's all nice." One relative we spoke with about food at the home told us; "The food is good – you'd never go hungry here." Another relative we spoke with told us about their family members needs regarding food and drink. They told us; "[Family member] was on thickened drinks for a while – the home managed that well."

Staff we spoke with told us they always ensured people were given choice and control about their lives. One staff member said; "We give people a choice. We ask for their likes and dislikes on admission. As for consent we try to work with people as individuals and adjust what we do according to people's individual capacities. If someone refuses to do something like allow us to help them wash, I would wait. See if they were in a better mood, maybe come back on a better day. I'd record it all in the care plan."

Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their roles. We looked at the supervision and appraisal file and found evidence that staff had received regular, written supervisions from managers, with supervisions having taken place (at least) every three months, in line with the provider's policy. Staff supervisions covered areas including training needs and development. We also found that annual appraisals were held each year with all staff. Staff we spoke with told us they felt supported by the registered manager and would have no issues in raising any issues with them. One member of staff we spoke with told us; "We meet with [the registered manager] regularly. If we have any problems or anything, we can just go and talk to her. She always has her [office] door open." This demonstrated staff were adequately supported, through regular supervisions and annual appraisals.

We looked at the home's training matrix and found that staff were up to date with their training needs in all areas including, but not limited to moving & handling, safeguarding, equality & diversity, medicines, fire, food hygiene and infection control. We saw that, where training updates were required, the registered manager sent letters to staff members to remind them to complete their training refreshers. All required areas of training had been completed within the last year. This demonstrated that the home ensured all staff were up to date with their training requirements.

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 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.

We asked the registered manager if there was anyone living at the home who had a DoLS authorisation in place. The registered manager told us there were several people who did have a DoLS authorisation in place, and the deputy manager provided us with a spreadsheet with this information. The spreadsheet contained details of each person's name, whether the DoLS application had been granted and, if so, how long for. This demonstrated the home kept an accurate log of DoLS referrals and authorisations, and followed relevant procedures in order to lawfully deprive someone of their liberty.

Good

Is the service effective?

We found in care records evidence that, where people had the mental capacity to make decisions, they had been asked for their consent in areas including having their photograph taken and having their bedroom door locked during the day. We saw that people's consent, or refusal to consent, was recorded in care records and signed by the person themselves. Staff we spoke with demonstrated a good level of knowledge about mental capacity. This demonstrated the home acted in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards guidance.

Care records contained information about people's nutritional needs, including information for people with complex needs, such as being fed via a Percutaneous Endoscopic Gastronomy (PEG) tube. PEG is an endoscopic medical procedure in which a tube is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. People had been involved in decisions about their food and drink intake and there was evidence in care records that people were asked for their preferences about this. We also saw risk assessments were present in care records that detailed the type of diet the person was on (soft/normal/PEG), allergies, where the person liked to eat and their likes and dislikes.

All of the homes dining rooms had a white board that displayed the menu for each day. We saw that, on the day of our inspection, breakfast included a variety of cereals, porridge, a full English breakfast, a bacon or sausage sandwich, toast and marmalade or jam, together with tea, coffee and juices. Staff told us this was the usual choices for breakfast. In one unit we were told that if people liked a particular cereal or type of preserve for example, the family could bring it in to the home for them. The menu for lunch included savoury mince, dumplings, cabbage and mash or chips. The second choice was fishcakes. Bananas and custard were provided as a sweet. The menu for the evening meal was a selection of sandwiches on white or brown bread, assorted buns with tea, coffee or juices. Menus were on a four-week rolling basis and had been developed with the input of people who lived at the home. We saw that drinks were offered to people throughout the day. A trolley provided these together with a selection of fruit, biscuits and healthy milk shakes. During lunch we saw staff being attentive to people, helping where necessary and encouraging them to eat. One person ate their meal in their room and we saw that care staff sat with them and helped them.

Staff displayed a good knowledge of the nutritional needs of the people who lived in the home and were able to identify people to us who needed special arrangements such as liquefied meals. We saw from records that people were weighed monthly and that, where there were concerns, this was increased to weekly intervals. Staff knew the people who lived at the home that required particular attention with regard to nutrition. This demonstrated people were offered choice and that the home ensured people's nutritional needs and preferences were met.

Care records evidenced that people were involved in their care and support and, when required, relevant healthcare professionals were contacted and involved when people's care needs had changed. One relative told us; "[The home and staff] talk to us about our [family member's] care – they tell us what they are doing and ask our opinion. We have registered [our family member] with the local GP – the home calls the doctor out whenever they need to." Another relative told us; "[The home] get help from the doctor, for example, when needed. They monitor [family member's] condition and know what to do." This demonstrated the home ensured people had access to healthcare services, when required.

We found that people's bedrooms were well-decorated and personalised, with photographs and items of importance and interest to the person being present.

Good

Is the service caring?

Our findings

People and their relatives told us they felt the home, and staff, were caring, compassionate and warm. Comments made by people who lived at the home included; "It's all right here- the staff are nice" and "The staff are very kind. I think they have activities here but I don't take part – I don't like to join in. At least they give me that choice though." Relatives of people who live at the home were complementary about the care and support that their family member received. Comments made by relatives included; "[Family member] uses the call bell system at night if they need it but they like to lock their bedroom door and keep the key around their neck.[Family member] is classed as "independent" – the manager promotes independence and lets [my relative] make their own decisions – they are encouraged to be independent", "We love it here. [Family member] went home for a short period but soon wanted to come back. They staff are lovely here – they are nice to the people who live here – they love them", "They are very patient here – they are very tolerant" and "All the staff are friendly – very approachable."

Staff made comments including; "It's nice to work here" and "It's not like coming to a job. Sure, the money helps but every single one of us [staff] love the job and love the people [who live at the home]."

Throughout the day of our inspection we carried out observations and saw that people were treated with kindness, respect and dignity. People who lived at the home were well groomed, with the men being clean shaven and the women having had their hair done. We observed staff spending time with people who lived in the home. Staff were not solely engaged in the functional tasks of caring but took time to sit and chat with people or otherwise pass the time of day with them. The atmosphere of the home was generally convivial. Throughout the day, we did not hear any staff member discussing others' care needs within earshot of others. When staff provided personal care to people, bedroom and bathroom doors were closed to ensure people had their privacy and dignity maintained. This demonstrated staff were caring and respectful of people's privacy and dignity.

Staff were able to tell us about people who lived at the home, their likes and dislikes, any interests they had or past time activities they liked to take part in. Staff told us people's life histories and experiences. This demonstrated staff knew well, the people they cared for and supported.

Care records we looked at contained information about how the person had been involved in their own care planning, along with their relatives, if appropriate and possible and contained information about people's lives and achievements. For example, one care record we looked at stated that the person had been brought up in Sheffield, had worked at a glassworks and had also done National Service, where they visited places including Egypt and Italy. In another care record we looked at, we saw that the person worked as an engineer and was also in the police force. This demonstrated that the home ensured detailed information was present in care records for staff to read in order to provide more personalised and person-centred care and support.

We asked the registered manager if any information regarding advocacy services was provided to people at the home. The registered manager told us that, although this information is not provided as a matter of routine, it would be provided to people when required.

There were no restrictions on visiting times at the home and the registered manager, staff, relatives and people who used the service confirmed this to us.

A 'Do Not Attempt Cardio Pulmonary Resuscitation' form (DNACPR) is used if cardiac or respiratory arrest is an expected part of the dying process and where CPR would not be successful. Making and recording an advance decision not to attempt CPR helps to ensure that the person dies in a dignified and peaceful manner. In care records we looked at, where required and appropriate, DNACPR forms were in place, where either an advanced decision had been made by a person who lived at the home when they had capacity or by a relevant healthcare professional, if the person lacked capacity to make this decision. DNACPR forms contained information about the person's condition and reasons why CPR would not be attempted. These forms also contained dates the forms were completed and reviewed and had signatures of relevant professionals who had been involved in the decision. Care records contained information about how to deal with the death of a person who lived at the home, including when that person had a DoLS in place. This

Good

Is the service caring?

meant the home had arrangements in place to ensure the body of a person who had passed away was cared for and treated in a sensitive way, respecting people's preferences and following policy and procedure.

Good

Is the service responsive?

Our findings

People told us they were able to make choices about their lives and that staff responded to their needs or wishes. People we spoke with told us that staff gave them choices about every aspect of their lives at the home.

We asked people and their relatives if they were supported to go on trips out of the home and take part in activities. Comments made by relatives included; "I speak to the managers whenever I visit. If you speak to them everything gets sorted. If I or another family member want to take [family member] out they'll make sure everything is ready – medicines to take with them, things like that", "Overall we are quite satisfied. The staff have time for the residents. They have volunteered to accompany [family member] to a special occasion next year" and "The activities organiser works very hard at entertaining the people who live in the home."

People and their relatives confirmed they knew how to complain and who to complain to, should they need to. One relative said; "We have no complaints. We'd just go and see the managers if we had." The complaints file held at the home contained details of each complaint, any investigations that had been carried out, the outcomes of the complaint and a response that was sent to the complainant. The last complaint received by the home was in December 2014, which was fully investigated and an outcomes reached that both the complainant and provider were happy with. This meant that the home ensured complaints were adequately addressed, investigated and responded to.

We found personalised information was recorded in care records, with the involvement of people who lived at the home and their families, where appropriate and possible. Care records were reviewed on a regular basis and information contained in care records included the person's life history and interests. This meant the home made information available to staff to provide personalised and person-centred care and support.

Throughout the day, we carried out observations and saw that people were involved in activities at the home. We saw the activities co-ordinator engaged with people in chair-based activities such as throwing and catching a ball and arts & crafts. We saw that the television was turned on, although no one seemed to be watching the programme. After a period the television was turned off and a music CD was played, which people were happy to listen to and sang along. We asked staff how people's spiritual needs were met. Staff told us that a priest regularly visited one person who lived at the home and other clergy from different denominations visited, as required.

There were arrangements in place to encourage feedback from people and their relatives and the home held 'resident/relatives' meetings for people to attend. We saw the last meeting had been held in May 2015 and was attended by people who lived at the home and their relatives. During these meetings, items discussed included any issues or suggestions and people's overall views of the home. A survey was also sent out to people who lived at the home and their relatives on a yearly basis. Suggestions made on the latest surveys sent out had been addressed by the home and required changes had been implemented. For example, people had made comments that there were issues with the laundry service at the home and that the home's décor needed improvement. We saw that the home had taken action to address concerns. We also saw a plethora of compliments cards that people and their relatives had sent to the home. Some comments in the cards included; "Thank you for looking after me and making my stay so pleasant", "You gave [family member] love, care and dignity and we thank you from the bottom of our hearts" and "Thank you for the care, kindness and dignity you gave to our [family member]. It made a huge difference to our peace of mind, knowing that she was among people who loved her and did their best to make her life comfortable." This demonstrated arrangements were in place to encourage feedback from people and their relatives, and that the home responded to feedback received.

Good

Is the service well-led?

Our findings

We asked people and their relatives if they knew who the registered manager was. Everyone we spoke with told us they knew who the registered manager was and felt they were approachable. People told us they could make suggestions and felt they were involved in decisions about the home.

All staff we spoke with told us they felt the registered manager was approachable, friendly and supportive. One staff member told us; "I feel well-supported by management. They are approachable and always willing to listen to proposals for extra training."

Staff told us that there were staff meetings held every couple of months and that the owner of the home was usually present at these. They also told us that the owner and management of the home met with the families of people who lived in the home. We looked at the records of meetings and saw that there had been five staff meetings so far in 2015. The registered provider had attended and staff were briefed on a number of operational issues including changes to the Care Quality Commission's inspection arrangements. These meetings focused on operational matters but it was clear that the owner took a continuing interest in the home and along with the management sought to set positive values. We saw that at one of these meetings staff had voiced a request in the activities arrangements on behalf of the people who lived in the home. We checked and found that these changes had been actioned in accordance with this request. We saw that there had been meetings with relatives which had also included the owner and management. The minutes we saw showed these meetings had been held annually with the last one being in May 2015.

We carried out observations throughout the day and spoke with the registered manager and found that the attitudes, values and behaviours of staff were kept under constant review. The registered manager carried out regular supervisions, where the values and behaviours of staff were discussed. The registered manager also carried out a daily walk-around of the service to keep under constant review the values and behaviours of staff.

It is a condition of registration with the Care Quality Commission (CQC) that the home have a registered manager in place. The registered manager was present on the day of our inspection

We looked at audits carried out at the home to assure the quality and standard of service. We looked at three care plan audits and found that appropriate actions had been taken to address any actions identified. Other audits carried out at the home included, but were not limited to audits of infection prevention and control and a general audit of the home. We saw the infection control audit had been completed in the month before our inspection. Identified actions had been completed, including the provision of appropriate equipment, de-cluttering rooms, and ensuring that refrigerator temperatures were monitored. Where actions had been completed, we found no signatures to reflect this. We spoke with the registered manager and deputy manager about this, who told us they would ensure that this was done in future. This demonstrated regular audits took place at the home and, where issues or actions were identified, these were addressed and resolved.

Surveys were sent out to people and their relatives on an annual basis. We saw the latest relative/visitor survey results, from April 2015 had been collated so that areas for improvement were easier to identify. We saw action points showed that there were four areas of concern, as a result of the survey findings. Action plans had been developed to address these concerns and action had been taken, or was in the process. Some comments from these questionnaires included; "All your staff are very friendly, nothing seems too much trouble. I think it is good even all the cleaners know your clients names", "Staff really care, lovely set of people" and "Mother appears well looked after and cared for but, despite provision of ample clothing, it is upsetting to visit and find mum dressed in an outfit with holes in them. However, once this has been brought to the attention of staff, action has been taken."

We saw the latest results from surveys sent to people who lived at the home in April 2015. These results identified the same areas of concern as what were identified from relatives and visitors surveys. This demonstrated the home sought the views and opinions of staff, people who used the service and their relatives and visitors to assist in the development and improvement of the home.