

Surrey and Borders Partnership NHS Foundation Trust

Courthill House

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 ●

Summary of findings

Overall summary

Courthill House provides accommodation and personal care for up to ten people who have a learning disability, such as autism or epilepsy. People's accommodation is arranged over two floors with easy access via a lift. There were eight people living at Courthill House on the day of our inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager helped us during our inspection.

We last inspected Courthill House in January 2016 when we identified concerns in relation to deployment of staff, risk assessments, nutrition, person-centred care, records and staff not always treating people in a respectful way. We found at this inspection things had improved and although we highlighted some minor things to the registered manager she dealt with these immediately, so we were satisfied that we had no similar concerns.

People lived in a homely environment. People's rooms were cosy and personalised. People were encouraged to be independent and supported to do things for themselves. Staff supported people to eat a good range of foods. Those with a specific dietary requirement were provided with appropriate food. People had access to external health services and professional involvement was sought by staff when appropriate to help maintain good health.

People were encouraged to take part in activities which were meaningful to them. People were given choice on what they wished to do during the day, not only within the home but if they wished to go out. People's care records were detailed and included sufficient information for staff to know how to care for someone.

Medicines were managed in a safe way and recording of medicines demonstrated people had received the medicines they required. Risks to people had been identified and guidance was in place to help reduce the risk of harm to individuals. Accidents and incidents were recorded and action taken to help prevent reoccurrence. Appropriate checks were carried out to help ensure only suitable staff worked in the home.

Staff met with their line manager on a one to one basis and staff said they felt supported. We found the registered manager had good management oversight of the home and there was a good culture within the team.

There were a sufficient number of staff on duty to enable people to either stay indoors or go out to their individual activities. It was evident staff knew people well, understood people's individuality and needs and respected people when they wished to have time alone. Staff were caring to people.

Staff had followed legal requirements to make sure that any decisions made or restrictions to people were done in the person's best interests. Staff understood the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

Staff received a good range of training which included training specific to the needs of people living at Courthill House. Staff met together regularly as a team to discuss all aspects of the home and they were aware of their responsibilities to safeguard people from abuse.

Staff and the provider undertook quality assurance audits to ensure the care provided was of a standard people should expect. Any areas identified as needing improvement were actioned.

Regular fire checks and fire drills were carried out to help ensure staff would know what to do in the event of an emergency. The registered manager had increased night staff to cover this possibility and if necessary people would be moved to another of the provider's homes if Courthill House had to be closed.

A complaints procedure was available for any concerns. This was displayed in a format that was easy for people to understand. People, their relatives were encouraged to be involved in the running of 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.

Medicines were administered and stored safely.

People's individual risks had been identified and guidance drawn up for staff on how to manage these.

There were enough staff to meet people's needs and appropriate checks were carried out to help ensure only suitable staff worked in the home .

Staff knew what to do should they suspect abuse was taking place and there was a plan in place in case of an emergency.

Is the service effective?

Good 

The service was effective.

Staff had the opportunity to meet with their line manager on a one to one basis to discuss aspects of their work.

Staff received appropriate training which enabled them to carry out their role competently.

People were involved in choosing what they ate.

People had involvement from external healthcare professionals to support them to remain in good health.

Staff followed the legal requirements in relation to decisions made for people or restrictions that were in place.

Is the service caring?

Good 

The service was caring.

Staff showed people respect and made them feel that they mattered.

Staff were caring and kind to people.

People were supported to make their own decisions.

Relatives were welcomed and able to visit the home at any time.

Is the service responsive?

Good ●

The service was responsive

People were able to take part in a range of activities.

Staff responded well to people's needs and support plans were detailed.

Complaint procedures were available for people in a way they could understand.

Is the service well-led?

Good ●

The service was well-led.

Quality assurance checks were completed by the provider and staff to help ensure the care provided was of good quality.

Everyone was involved in the running of the home. This included the people who lived there, their family members and staff.

Staff felt the registered manager had a good management oversight of the home and supported them when they needed it.

Courthill House

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 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 was an unannounced inspection that took place on the 9 May 2017. The inspection was carried out by two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We asked the provider to complete 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 before the inspection to check if there were any specific areas we needed to focus on.

During the inspection we were unable to speak to anyone in detail as they were unable to communicate verbally with us due to their medical conditions. Instead we observed the care and support being provided by staff. We obtained feedback from three relative's following the inspection.

As part of the inspection we spoke with the registered manager and three members of staff. We looked at a range of records about people's care and how the home was managed. We looked at three care plans, medication administration records, risk assessments, accident and incident records, complaints records and internal and external audits that had been completed.

We last inspected Courthill House in January 2016 where we identified some concerns.

Is the service safe?

Our findings

A family member said they felt their relative was safe at Courthill House. They told us, "An alarm has been placed by the front door next to his bedroom to alert staff if the door is opened. I note staff unobtrusively keep an eye on his whereabouts at all times." Another said, "There are always staff on hand."

At our inspection in January 2016 we made a recommendation to the registered provider to review information about potential risks to people. We found at this inspection that this had been addressed.

Staff understood people's individual risks and how to keep people safe. Staff supported people to live their life in a safe way by ensuring they were not put in situations which could leave them at risk of harm. Some people had specific medical conditions such as epilepsy and risk assessments had been developed. These helped ensure staff were always on hand in the event the person had a seizure. Alarms had been fitted to people's beds which warned staff if a person was having a seizure. Other people had mobility issues and risk assessments covered areas such as safe travel in the home's minibus. One staff member told us, "We are so hot on risks. (Name) fell the other day and when she does fall she will go straight to hospital to be checked out. Since then we have moved the furniture in her room to avoid the risk of injury." Another staff member said, "When (name) is sitting down he sometimes just stands up and swipes things off the side (causing potential harm to others). We are aware of this and keep him engaged in activities and interact with him." We saw staff do this throughout the day. We noted the registered manager had drawn up general risk assessments for people in relation to the installation of the new external fire escape and other refurbishment that had taken place around the home.

Staff had a good understanding of safeguarding which meant they helped keep people safe from harm. Staff told us who they would go to if they had any concerns relating to abuse and there was information available for staff which contained relevant contact numbers. One staff member said, "I would give people full respect. If any abuse takes place I take action straight away. I would confront the person. If you turn a blind eye you aren't safeguarding people." One staff member told us people may not know that they were being abused which made them more vulnerable.

At our inspection in January 2016 we made a recommendation to the registered provider in relation to deployment of staff. This was because we found staff carrying out tasks during our inspection, rather than spending time with people. We found no similar concerns at this inspection.

People were cared for by a sufficient number of staff to support people with their needs within the home as well as on any outside activities. We were told there were usually four staff on duty during the day (with a mid-shift increasing staffing levels to five) and two waking staff and one sleeping during the night. Although staff undertook the cleaning, laundry and cooking within the home some people were also involved in these tasks. We saw that everything got done and staff still had time to socialise with people. When we arrived some people had gone out with staff and others were listening to music. There were sufficient numbers of staff to meet the needs of people in a way that we saw people did not feel they were having to wait for attention. One staff member told us, "At the moment we have enough staff. Client's needs are getting met."

Their quality of life is being met." Another said, "We have enough staff. There are enough staff for activities and enough staff when we good out. The staff levels are very good."

The registered manager logged accidents and incidents on the provider's central datix system. We read that action had been taken to help prevent reoccurrence. Senior management reviewed each record and signed when satisfied that appropriate action had been taken.

Good procedures in relation to the handling of medicines were followed. Medicines were stored in a lockable cabinet, secured to the wall. Each person had a medicines administration record (MAR) which was completed properly, without gaps or errors which meant people had received their medicines correctly. Each MAR held a photograph to ensure correct identification of people as well as information on their GP and any allergies they had. Where people had homely remedies (medicines that be bought over the counter without a prescription) the doctor had authorised these and reviewed the use of these. Where people had 'as required' (PRN) medicines, protocols were in place which included why the PRN may be needed, the signs someone may display to show they needed it and dosage and frequency information.

People were protected from being cared for by unsuitable staff because the provider carried out appropriate checks to help ensure they employed only suitable people to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

Each individual had their own personal evacuation plan (PEEP) and staff had received fire training so would know what to do in that event. Regular fire checks were carried out and a recent fire risk assessment undertaken. We noted regular fire evacuation practices took place to help ensure staff could evacuate people quickly but safely. A new external fire escape had been recently installed which when fully commissioned would enable staff to evacuate people more quickly from the building.

Is the service effective?

Our findings

At our inspection in January 2016 we found people were not being provided with a nutritious diet. We found at this inspection fruit was available for people and kitchen cupboards contained more vegetables and fresh food. We also found In January 2016 that staff did not routinely weigh people to check whether or not they were losing or gaining weight. We found at this inspection this had been addressed.

People were supported to have a varied diet to help maintain their health. The registered manager told us in their PIR, 'we have enhanced the mealtime experience for people. Individuals are offered fresh wholesome food and a choice of meals. Fresh bowls of fruit are available in the dining and lounge area'. We found this to be the case. Pictures were displayed in the dining room to show people what food was on offer and lunch on the day matched what people had been shown. We also found people could make their own decisions about the food they ate as we saw a variety of options served up at lunch time. Some people chose to make their own lunch from the selection available to them and each person was given choice and enabled to make their own decision about what they ate. Staff were knowledgeable about people's particular eating habits. A staff member said, "Some people may start to eat and then walk away. We offer choices to people as they may not enjoy what they have been offered and we let them eat the food the way they want to. (Name) takes the food apart because she enjoys eating that way. (Name) likes egg sandwiches with the crusts cut off." We saw all of this happening during the day. We were also told that people could help themselves to snacks and with staff support some people could make their own hot drinks.

People with specific dietary requirements were recognised by staff. Specialist healthcare involvement had been sought in developing menus for people who could only eat food prepared in a specific way. Guidance was easily accessible to staff to help ensure people were not left at risk.

Where people were at risk of malnutrition staff took appropriate action. We found that people were now being regularly weighed. In the case of one person who had recently lost weight staff had involved the GP and dietician. As a result there was clear and detailed information for staff on how to ensure each of this person's meals was fortified and as such this person had started to put on a bit of weight.

Staff received appropriate and relevant training, for example training in epilepsy. On the day of our inspection staff were undergoing MAYBO (conflict resolution) training. This had been arranged specifically so staff would learn how to support one person in particular in the most appropriate way. The registered manager had also involved the provider's psychologist to carry out one to one sessions with staff. A staff member told us, "This will help with strategies for dealing with their behaviours." Staff undertook the provider's mandatory training such as safeguarding, infection control, health and safety or first aid. A staff member said, "We have very good training. It helps me feel more confident and people get a better service." Another told us, "The training is brilliant. We get reminders when the online training needs to be completed and we are suspended if it isn't done." They added, "(The registered manager) is all for personal development. I wanted to do autism training and this was arranged. I really enjoyed the positive approach training. It helps give people quality of life." A relative told us, "I know that staff have been trained in autism and challenging behaviour."

Staff told us they had regular supervision. One staff member told us, "I like having supervisions. If I have any concerns or worries I would discuss them, but I wouldn't have to wait for a one to one if it was really important. (The registered manager) gives me feedback on how I'm doing." Another said, "I find them very, very useful. If there is something on my mind and I want to discuss it I do this at supervisions. The manager takes this into consideration and acts on it."

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The 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. Staff had assessed people's capacity and where appropriate submitted DoLS application in relation to restrictions such as the locked front door. Staff had discussed individual circumstances to understand people's capacity for making specific decisions, such as one person who required some dental treatment and other people who had bumpers on their beds to help keep them safe. Best interest meetings were held in order to help ensure everyone involved in the person's care had an input to any decisions made on the person's behalf.

A staff member told us, "You assess whether people have capacity or not and if needed you make a decision that's in their best interest. People may be able to make small choices but bigger decisions may be more difficult. We have a locked door and it may not be safe for people to go out on their own. We need to have a DoLS in place as we are restricting them."

People were by supported to maintain good health. Records evidenced that people had involvement from health professionals such as the doctor, optician, chiropodist or the Speech and Language Therapy team. Staff had sought internal professional help from the provider's specialist team to develop ways to support one person who displayed particular behaviours. On the day of the inspection staff were concerned about two people as they appeared unwell and we saw the doctor arrive to check them over. The registered manager told us in their PIR, 'staff are skilled at identifying signs and behaviours that may indicate someone is unwell'. This was confirmed by a relative who told us, "Staff immediately seek medical advice when (name) is unwell, but also have the necessary training and experience to medicate him for minor ailments." Another relative said, "She's in good health and that is because of the place, she has her own room and staff. She did need some dental treatment and staff were very on the ball with that and kept me informed."

Is the service caring?

Our findings

Relatives told us staff provided kind care to people. One relative told us, "(Name) is always treated with kindness, care and respect by staff." Another said, "We are extremely happy. (Name) is happy there and we feel privileged that she is there." A third relative said, "They (staff) do really well. When he moved to Courthill it was wonderful. It's so wonderful that people care."

At our inspection in January 2016 we heard some staff use language that was outdated and as a result people were not always shown the respect they should expect. At this inspection we found staff showed respectful attitudes towards people.

Staff displayed kind, caring behaviour and it was clear to see that staff knew people well. Staff understood people's ways of communicating and we observed staff at lunch time acknowledging this as people made decisions about what they wished to eat. During the morning one person became agitated and threw their drink on the floor. Staff noticed this and knew that they needed to distract them. They did this by asking if they wished a manicure. This settled the person as they started to doze as the staff member manicured their nails. A relative said, "They (staff) know them well and people recognise staff because they have been there for a long time which can only be a good thing." Another relative told us, "They (staff) understand him and he understands them, even though he can't speak."

Staff took time to engage with people. We saw staff sitting with people chatting and laughing. One staff member sat and talked to people about the outings they had enjoyed and shared a joke with one person about having a 'secret' recipe in the cakes they had made. Another staff member sat with one person and went through a joke book together. The person was taking a real interest and laughing. A staff member said, "I try to come across as a caring person. I listen to people and support them. I give people reassurance." A relative told us, "Staff show him affection, talk directly to him even though he does not respond verbally and are always considerate around him." Another relative said, "She has her friends there. There is an awful lot of trust between everyone."

People lived in an environment that was homely. The registered manager told us in their PIR, 'we have worked hard to make the environment at Courthill homely' and we found evidence of this. There were few notices or posters displayed in communal areas giving the environment a homely feel. People's individual rooms were cosy and personalised with their own belongings, ornaments and pictures. The communal areas were comfortable and whereas before we found the dining area was being used to store medicines and folders, these had been removed and the room painted making it brighter and more conducive to a place to eat in.

Staff treated people respectfully and made them feel they mattered. We heard staff call people by their first name and saw people were dressed neatly and appropriately. Staff regularly acknowledged people and they showed concern to one person in particular who had not been well. When this person came into the living room a staff member said, "Hello (name). How are you feeling? Come on in and listen to the music." Staff encouraged the person to sit in a comfortable chair and gave them a cushion so they could rest their head.

Staff regularly engaged with people and took time to check with people that they were happy. Another person was sat quite far forward in their chair and a staff member immediately noticed and encouraged them to sit back a bit. A member of staff told us, "I speak to people in a polite manner. I don't use jargon around people. I knock on their bedroom doors and treat them how I would like to be treated." We saw this staff member display these qualities during our inspection.

People could have privacy when they wished. We saw people sitting in different areas of the home, particularly when they wished to have some quiet time. Staff were aware of people's whereabouts but respected people's choice to be on their own. A relative said, "They have the quiet lounge which is a place they can sit if they want some time alone."

Staff told us they encouraged people's independence. A staff member said, "I encourage people to do things for themselves. If people have food on their clothes I encourage them to wipe it off themselves. I ask people to get involved in meaningful tasks. I ask (name) if they would like to wash the table." We saw this staff member encourage people to decorate the cakes they had made. A new hatch had been created between the kitchen and dining room which enabled people to take their own plates and cups and place them on the counter after their meals. A staff member said, "It helps them with their independence."

People's individuality was recognised by staff. One person liked music and particular belongings with them at all times and we saw they had their belongings and during the morning music was playing consistently and the person was singing along. We saw staff encouraging other people to sing too and play the percussion instruments.

Relatives told us they were able to visit when they wanted and were made to feel welcome. One relative said, "Absolutely welcomed when I visit." Another told us, "They (staff) make us more than welcome and we can stay as long as we like."

Is the service responsive?

Our findings

There was a complaints procedure available for people. This gave information to people on how to make a complaint. The procedure was written in a way that people could understand. The registered manager told us there had been no complaints about the staff or home. We saw several compliments in the book that was available in the hallway. A staff member told us, "We have a pictorial complaints policy. You would know if someone was unhappy. (Name) wasn't her bubbly self, she was missing her keyworker. When the keyworker came back, her face lit up." A relative said, "There are coffee mornings when we can meet and raise anything. But there is never any need to. We are extremely happy." A second relative told us, "I can assure you if I was concerned about anything I would let someone know."

Following our inspection in January 2016 we made a recommendation to the registered provider around recording people's activities and how they spent their time. We found at this inspection each person had a social diary in which staff recorded what they had been up to each day. It was evident from people's diaries that they went out and about regularly and were kept busy participating in pastimes that interested them. Relatives felt there was sufficient opportunity for people. One relative told us, "They go out regularly to visit places and there are lots of nice do's held in the home."

People were supported to participate in activities which meant something to them. People's lives were meaningful as a result of the activities they undertook such as bowling, swimming, fitness, cycling, gardening, movies and aromatherapy. Everyone had recently been provided with a National Trust membership card. During the morning two people had been at a day centre and another out with a staff member and in the afternoon two staff took two people to the local garden centre to buy some plant pots for the garden. One person had a picture board to show them their activities and to give them choices. Holidays were organised for people and two people had just returned from a trip abroad. A relative said, "It's amazing to think (name) goes on a plane and goes on holiday, but she does and it's great." Another told us, "He goes on holiday and they (staff) send me the pictures."

There was an opportunity for people to get social stimulation from outside of the home. A staff member told us, "Given the age of most people here I think there is plenty to do. I take people shopping as I feel that's important to them." This was confirmed by one person who spoke with us. Another staff member said, "There are more activities indoors and outdoors now. Things have improved since the manager started. We are encouraged to think of new things. We take people to the cinema more and drama. The outside world is so important. They get a lot of happiness and excitement from going out." A relative told us, "He loves going out and they take him – they (staff) are so good to him."

At our inspection in January 2016 we found people may not receive responsive care because people's care plans were not always completed in detail or included relevant information about people. We found at this inspection care plans were more reflective of people's needs.

Care plans were person-centred, comprehensive and contained relevant information about people to ensure they received the correct support and treatment. We read people's life history had been written

down and people had hospital passports. This is a document which includes useful information about the person should they need to go into hospital. These were completed fully and comprehensively. Information that demonstrated how people may indicate what they wished was included. Such as one person whose support plan had written, 'If I need a drink I will guide you into the kitchen.' This person had specific night-time routines for staff to follow and these were recorded clearly. Their support plan stated, 'small cup of tea, small glass of water, a glass of milk and a piece of toast all at around 9:00pm. I will line them all up and drink what I want and I will take myself to bed'.

People's care plans focused on their needs and the support they required and where people's needs changed this was picked up by staff. A staff member told us, "We read people's care plans and they are reviewed every six months or sooner. I encouraged one lady's plan to be reviewed as I felt she needed to see the Speech and Language Therapy team." They told us this had been arranged and recorded in the person's care plan.

Where a person may have certain behaviours which could cause harm to themselves or others guidance was in place for staff. This detailed what might trigger such behaviours and what to do in the event someone became distressed. A relative told us, "Staff are getting to know (name) and his needs and moods."

People benefitted from living in the calm atmosphere that existed within the home. A relative told us, "She is much less nervous now than she used to be since living there." Another said, "He is quieter now. He used to be more agitated. It's such a peaceful place for him."

Is the service well-led?

Our findings

Relatives felt the home was well led. One relative told us, "(The registered manager) has now settled in and got into her stride and has taken on board all the past failings and reworked both the house, staff and residents into a smooth and well run operation. She is both proactive and conscientious and has numerous future ideas and plans that will undoubtedly enhance the lives of the service users, and also raise the morale and standards within the complement of staff. Her high standards and commitment to the role will produce excellent results of a high standard in the near future." Another relative said, "She is very competent and interested in her job. She's on the button." A third relative said, "She (the manager) works hard and has made a positive difference."

Following our inspection in January 2016 we made a recommendation to the registered provider in relation to supporting staff as staff did not always feel supported. We found at this inspection the registered manager clearly had a good working relationship with the staff team and an easy-going relationship with people living at Courthill House. The registered manager displayed good management oversight of the home and was open to our feedback throughout the day. We spoke with the registered manager about some minor areas we had identified and they addressed and responded to these. It was evident she was striving to ensure that the service was the best it could possibly be and demonstrated to us the work she had undertaken already to address concerns from our previous inspection and her future plans to embed a good culture and ethos within the staff team.

The registered manager told us in their PIR, 'we undertake regular audits and actions from audits and checks are followed up and completed in a timely manner' and we found this to be the case. Provider audit visits took place to check the quality of the care being provided by staff and the home was quality monitored by the registered manager and other staff as they carried out regular audits. We noted actions identified in audits had been completed, such as a new bin for the clinical room and completing best interest meeting records. A monthly audit was carried out and the one that took place in April identified the upstairs bath seat was not working and some furniture which was out in the garden needed removing. We saw evidence that the registered manager had taken action on these areas. An infection control audit had resulted in soap dispensers being installed, the laundry sink cleaned to remove lime scale and a towel dispenser installed in the clinical room.

A medicines audit was carried out in March 2017 and one action was to update the medicines files. We noted some information on the files was not complete and spoke with the registered manager about these. They told us that people were being transferred to a new GP practice closer to the home, this had been discussed in staff meetings. Once this was done they would ask the GP to review everyone's medicines, following which they would update the MAR charts.

Staff said they felt supported by the registered manager and liked working at the home. A staff member told us, "The manager is excellent and determined to turn this home around." Another said, "There has been a big improvement. The manager has ideas and influences change."

Staff felt they worked well together as a team. They told us they had regular staff meetings. We read in the registered manager's PIR, 'I hold monthly staff meetings and have made the staff meetings interactive and practical to make the content more stimulating'. This was confirmed by staff as one told us, "We have the best staff meetings I've ever had. They are very proactive, very structured and we have an agenda. It gives us the opportunity to air our views." Another said, "I do feel valued by the majority of the team. I get thanked by the manager." Staff told us there was the opportunity to bring in new ideas via a suggestion box. Staff said they had suggested people have teapots and a cup and saucer so people could help themselves and that the crockery was being purchased for this to happen.

People were involved in the running of the home. House meetings were held and minutes written in a way people would understand (pictorial). We saw people had looked through pictures at the April meeting to decide on ideas for the summer menu. Holidays for people had been arranged and several people had taken trips to the theatre.

Relatives and stakeholders were encouraged to give their feedback and suggestions. One relative told us that they had suggested a regular newsletter and also more group outings. These had yet to happen. However they told us, "(The registered manager) is always available to talk to and listens carefully to any grumbles or suggestions I have!" A 'wish tree' had been set up in the hallway where people could write comments/feedback on pieces of card and hang them on the tree. This was an opportunity for people to give both positive and negative feedback. We noted from feedback received from relatives that on the whole they were, 'very satisfied' with the care their family member was receiving at Courthill House. The registered manager held coffee mornings and brunches inviting family and friends to attend. We noted the next one had been organised for July.