

Mission Care Elmwood

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

This inspection took place on 19 and 20 December 2016 and was unannounced. Elmwood provides accommodation and nursing care for up to 70 people who have nursing or dementia care needs. At the time of our visit 66 people were living there. At our last comprehensive inspection at the home on 29 and 30 July 2014 we found two breaches of legal requirements. At a follow up inspection on 01 July 2015 we found that the provider had taken action to address these breaches and had met our legal requirements.

At this inspection we found the provider had safeguarding adult's procedures in place and staff had a clear understanding of these procedures. Staff had access to a whistle-blowing procedure and said they would use it if they needed to. Appropriate recruitment checks were carried out before staff started working at the home and there were enough staff to meet people's needs. Risks to people using the service were assessed, reviewed and managed appropriately. People received their medicines as prescribed by health care professionals.

All staff had completed mandatory training in line with the provider's policy; they were receiving regular formal supervision and, where appropriate, an annual appraisal of their work performance. The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and acted in accordance with this legislation. People were being supported to have a balanced diet and they had access to health care professionals when they needed them.

Staff had a good understanding of people's care and support needs. They knew people well and had developed positive caring relationships with them. The environment was designed and adapted to meet people's individual needs. People using the service and their relatives, where appropriate, had been consulted about their care and support needs. They were also provided with appropriate information about the home in the form of a service user guide and people's privacy and dignity were respected.

People's care plans and risk assessments provided guidance for staff on how to support them with their needs. Where people's needs had changed, their care records were being updated to reflect the changes. There was a wide range of appropriate activities available for people to enjoy. People and their relatives knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

There were appropriate arrangements in place for monitoring the quality of the service that people received. The provider took into account the views of people using the service and relatives through meetings and surveys. The registered manager carried out unannounced visits to the home to make sure people were receiving appropriate care and support. Staff said they enjoyed working at the home and they received good support from the registered manager and senior staff.

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 appropriate safeguarding adults procedures in place and staff had a clear understanding of these procedures.

There were enough staff to meet people's needs.

Appropriate recruitment checks took place before staff started work.

Procedures were in place to support people where risks to their health and welfare had been identified.

People were receiving their medicines as prescribed by health care professionals.

Is the service effective?

Good 

The service was effective.

Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

The registered manager, unit managers and staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and acted in accordance with this legislation.

There were arrangements in place to ensure that people were receiving sufficient food and fluids to meet their needs, in line with the guidance in their care plans.

People had access to a GP and other health care professionals when they needed them.

Adaptations, decoration and signage used in the home were appropriate to people's needs and promoted freedom of movement and comfort.

Is the service caring?

Good ●

The service was caring.

Staff had a good understanding of people's care and support needs.

People's privacy and dignity was respected.

People using the service and their relatives, where appropriate, had been consulted about their care and support needs.

People using the service and their relatives were provided with information about the home.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed, and care and treatment was planned and delivered in line with their individual care plans.

People were provided with a range of appropriate social activities.

People using the service and their relatives knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Is the service well-led?

Good ●

The service was well-led.

The home had a registered manager in post.

There were arrangements in place for monitoring the quality of the service that people received.

The provider took into account the views of people using the service and their relatives about the quality of care provided at the home through residents and relatives meetings and surveys.

The provider carried out unannounced visits to the home to make sure people were receiving appropriate care and support.

Staff said they enjoyed working at the home and they received

good support from the registered manager and senior staff.

There was an out of hours on call system in operation that ensured that management support and advice was available to staff when they needed it.

Elmwood

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 unannounced inspection was carried out on 19 and 20 December 2016. The inspection team on the first day consisted of two inspectors. The inspection team on the second day consisted of two inspectors, one of whom was a CQC pharmacist inspector, and a specialist nurse advisor. Before the inspection we looked at all the information we held about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required by law to send us.

We spent time observing the care and support being delivered. We spoke with ten people using the service, nine people's visiting family members/friends, the registered manager, three nurses, seven care workers, two activities coordinators and the home's senior business support officer. We also spoke with health and social care professionals who were visiting people using the service at the time of our inspection. We looked at records relating to the management of the home including the care records of twelve people using the service, medicine's records, staff training, supervision and recruitment records, and the home's systems for monitoring and improving the quality and safety of the services provided to people.

We also undertook general observations throughout our visit and used the short observational framework for inspection (SOFI) during lunch on the dementia unit. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People using the service told us they felt safe and that staff treated them well. One person said, "I feel much safer living here than I did at home." A relative said, "The staff know how to look after my [family member] and keep them safe."

The home had a policy for safeguarding adults from abuse. The registered manager was the safeguarding lead for the home. Staff demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse, and who they would report any safeguarding concerns to. The registered manager said the staff team had received training on safeguarding adults from abuse, which was refreshed annually. Training records we saw confirmed this. We saw copies of the provider's whistle-blowing policy were displayed on each floor of the home. Staff told us they were aware of the whistle-blowing procedure and they would use it if they needed to.

At the time of this inspection a safeguarding concern was being investigated by the local authority. We cannot report on the safeguarding investigation at the time of this inspection. The CQC will monitor the outcome of the investigation and actions the provider takes to keep

There were sufficient staff available to meet people's care and support needs. We observed a good staff presence and staff were attentive to people's needs. One person using the service said, "I think there is always enough staff around." Another person told us, "I can't complain, there is always someone around if I need them." A relative told us, "There is enough staff about when I visit." The registered manager showed us a staffing rota and told us that they carried out an assessment of people's dependency needs each month to determine the number of staff required. If people's needs changed additional staff cover was arranged.

The home employed a team of bank staff to cover vacancies, staff annual leave or sickness. The registered manager told us and records confirmed that bank staff received the same training and supervision as regular staff. We also observed that staff responded quickly when call bells were activated. Typical comments we received from people about staff responding to call bells included, "I keep my call bell near me. The staff are quite good actually, they get here quickly when I need to call for them", "If I use my buzzer [call bell] staff are always there to help me in seconds," and, "It varies, not more than five minutes. It is not any longer at night so it's not too bad."

Appropriate recruitment checks took place before staff started work. We looked at the recruitment records of ten members of staff and found completed application forms that included their full employment history and explanations for any breaks in employment, two employment references, health declarations, a recent photograph, proof of identification and evidence that criminal record checks had been carried out. We saw that checks were carried out to make sure nurses were registered with the nursing and midwifery council (NMC). The registered manager told us they monitored each nurses' NMC registration to make sure they were able to practice as a nurse.

Action had been taken to support people where risks to them had been identified. Assessments had been carried out to assess the levels of risk to people in areas such as falls, choking, nutritional needs, moving and handling and skin integrity. For example, where people had been assessed as at risk of choking we saw advice had been received from appropriate health care professionals and their care plans included details of the support they needed from staff to ensure they could eat and drink safely.

There were arrangements in place to deal with foreseeable emergencies. People had individual emergency evacuation plans which highlighted the level of support they would need to evacuate the building safely. Staff said they knew what to do in the event of a fire, and we saw records confirming that regular fire drills were carried out at the home and that all staff had completed training on fire safety.

Nurses administered medicines to people using the service. We saw records confirming that all of these staff had received training on medicines administration. Staff told us medicines administration training was refreshed annually. We found that not all of these staff had received competency assessment on medicines administration. However we noted that medicines administration record (MAR) charts were up to date and there were no gaps in administration. We also noted that the provider had already identified this and was in the process of implementing competency assessments for all staff. One member of staff told us, "I receive training on administering medicines on an annual basis. The registered manager and clinical lead nurse are always checking to see that we are administering medicines correctly."

We checked medicines storage MAR charts, and medicines supplies for thirty people using the service. All medicines were stored securely in locked medicines trolleys and cabinets within locked clinical rooms. The rooms where medicines were stored were clean with hand washing facilities for staff to use. Medicines received from pharmacy were recorded on people's MARs and medicine stocks reconciled accurately with the information they contained. People's MARs included a picture of each person to help staff identify people and reduce the risk of medicine misadministration. Some people were prescribed medicines to be taken as needed or as required for pain. We saw pain assessments for a number of people using the service. The assessments indicated how people expressed when they were in pain and when medicines should be administered. The MARs indicated that people were receiving their medicines as prescribed by health care professionals. A clinical lead nurse conducted weekly spot checks on medicines and medicines audits were carried out on a monthly basis by the registered manager on each floor of the home to ensure to make sure that medicines were managed appropriately.

Is the service effective?

Our findings

People said staff were well trained. One person told us, "The staff are very well trained and they know exactly what they need to do for me." A relative told us, "I think all the staff that work here are pretty good at their jobs." A GP told us, "The nurses are very experienced and can spot problems quickly. They comply with any instructions we give them."

Staff told us they had completed an induction when they started work and they were up to date with the provider's mandatory training. We saw completed induction records in all of the staff personnel files we looked at. The registered manager told us that all new staff would be required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.

Training records showed that staff had completed training in areas including infection control, safeguarding adults, food hygiene, fire safety, first aid, health and safety, moving and handling, equality and diversity, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We noted that staff received refresher training in these areas on a regular basis. Staff also received training relevant to the needs of people using the service for example dementia awareness, nutrition and supporting people to eat and drink in a dignified manner, managing challenging behaviour and end of life care. Nursing staff had received training in the safe administration of medicines, catheterisation, wound care and venepuncture. Staff told us the training they received helped them effectively carry out their roles and responsibilities. One member of staff told us, "The training is very good. Recently I've attended training courses on dementia, palliative care, moving and handling and safeguarding."

People were cared for by staff who were supported in their roles by the registered manager and senior staff. Records indicated staff attended individual supervision meetings with their line manager once every three months and had their overall work performance appraised annually. Monthly group meetings were also held with all the staff that worked on a particular floor and bi-annual meetings chaired by the registered manager were held for the home's entire staff team. In addition to these meetings nurses regularly held their own meetings with the registered manager where they discussed specific medical and nursing issues. Staff told us they felt they received all the support they needed from the registered manager and senior nursing staff. One member of staff said, "I find the supervision sessions and the team meetings we regularly have give us 'workers' the chance to say how we feel and see if we can learn from each other."

Staff were aware of the importance of seeking consent from people when offering them support. One member of staff told us, "I would not do anything for anyone unless I asked them if it was okay to do so. I wouldn't force anyone to do anything if they didn't want to."

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 home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager demonstrated a good understanding of the MCA and DoLS. They said that most people using the service had capacity to make some decisions about their own care and treatment. We saw that capacity assessments had been completed for specific decisions and retained in people's care files. Where the registered manager had concerns regarding a person's ability to make specific decisions they had worked with them, their relatives, if appropriate, and any relevant health and social care professionals in making decisions for them in their 'best interests', in line with the MCA. We saw that a number of applications to deprive people of their liberty for their own safety had been authorised by the local authority. All of the appropriate documents were in place and kept under review, and the conditions of the authorisations were being followed by staff.

People were provided with sufficient amounts of nutritional food and drink to meet their needs. People told us the food they were offered at the home was "good" and that they were always given a choice at mealtimes. One person said, "The food is pretty good. I had sausage and mash for my lunch today which was lovely." Another person told us, "The food I get is good." A relative said, "The staff always ask my [family member] what they would like to eat at mealtimes every day. People can choose to have a hot or cold meal and there's always a vegetarian option." We observed how people were being supported and cared for at lunchtime. Some people required support with eating and some ate independently. The atmosphere in the dining room was relaxed and not rushed and there were plenty of staff to assist people when required.

People's care plans included assessments of their dietary needs and preferences which included details of any food allergies and their care and support needs in maintaining a balanced diet. A relative told us, "My [family member] has specific dietary requirements, which all the staff including the chef know about and ensure they are met." We saw that records were kept of people's fluid and dietary intake when they had been assessed as being at risk of malnutrition or dehydration. A member of staff told us that these records were reviewed by health care professionals who provided guidance for staff on how to support people to meet their nutritional needs. Referrals had been made to appropriate health care professionals where required, following changes to people's dietary intake or weight loss. A visiting dietitian told us, "The registered manager is on the ball; she knows what they are doing when it comes to meeting people's nutritional needs."

People said they could see health care professionals when they needed to. One person told us, "I have seen the GP when I needed to. If I need anyone else I'm sure the nurse would get them to come see me." Records showed that people had access to a range of visiting health care professionals such as dentists, dieticians, opticians and podiatrists. A GP told us they visited the home twice a week or when required to attend to people's needs. They said they found the staff to be very competent. There was very good communication between the home and practice and nurses provided them with the information needed when they went to the home. They said they never had any concerns about the quality of care provided at the home.

People told us Elmwood was a comfortable place to live. One person said, "The atmosphere is always nice and relaxed in the home and it's always kept clean." Another person's relative told us, "You can hang up pictures and photographs in my [family members] bedroom to make the space more homely." We saw people's bedrooms were personalised and included all manner of possessions people had brought with them including, family photographs, paintings and ornaments. Passenger lifts, handrails and ramps located throughout the home meant the building and the rear garden

were accessible to all, including wheelchair users. We observed the environment was kept free of obstacles and hazards which enabled people to move safely and freely around the home and garden. We also saw the new sensory garden included a wheelchair accessible ramps and paths, as well as raised flower beds which made it easier for people using the service to tend the garden.

A number of bedroom doors in the dementia unit had been painted in various colours to look like the front door of a house. The activities coordinators told us they were in the process of collecting family photographs and various objects of reference to display in memory boxes fitted next to various bedroom doors on the dementia unit. These memory boxes have been designed to help people living with dementia recognise their bedroom door and orientate themselves better.

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. One person told us, "The staff are fantastic, they are really kind, caring and considerate." Another person said, "I really like living here. The staff treat me wonderfully well and will do anything you ask of them." Relatives were equally complimentary about the standard of care provided at Elmwood. One relative told us, "This is a lovely home. I've seen a few in my time and this one compares very favourably to all of them." Another relative said, "The staff are very kind, often cheerful and always professional."

The home had been accredited to the Gold Standards Framework (GSF) for end of life care. GSF is a national program for care homes to provide a gold standard of care for people nearing the end of life. The registered manager told us that when necessary additional support was provided by the local hospice end of life care team in order to ensure people's end of life needs were met. Two members of staff told us they had completed a training course on end of life care at a hospice in order that they could better support people at the service. One member of staff said, "I have just completed a four day long course on end of life care and that has really helped me understand people's needs." A GP told us, "End of life care is very well managed here. The staff are very good at supporting people and their family members."

Staff treated people with respect. People looked at ease and comfortable in the presence of staff, and we saw they were supported in a caring way. Conversations between staff and people living at the home were characterised by respect, warmth and compassion. We also saw throughout our inspection staff communicating appropriately with people and in a manner they understood. Staff knew people well and understood subtle changes in their non-verbal communication which allowed them to anticipate people's needs. For example, staff described to us how they knew from people's facial expressions or hand movements that they were possibly thirsty and needed to be offered a drink.

Staff ensured people's right to privacy and dignity were upheld. People told us staff were respectful and always mindful of their privacy. One person told us, "The staff are respectful and they take their time with me when they help me to get ready." We saw that staff ensured people's privacy by drawing curtains and shutting doors when providing people with personal care. A member of staff told us they tried to maintain people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. They said, "When I help people with personal care I always make sure I have everything I need before I start. I don't expect them to be waiting on me running around looking for towels and things. I explain to them what I am doing. I close windows and doors and cover them up. I also train new staff on privacy and dignity when they start working here. Maintaining people's privacy and dignity is very important part of our job."

People using the service and their relatives were provided with a 'Welcome pack' that information about the home. This included the complaints procedure and the services they provided and ensured people were aware of the standard of care they should expect. The registered manager told us this was given to people and their relatives when they moved into the home. A relative told us, "We were given a 'Welcome pack' when my relative moved here. Everything we needed to know about the home is in there."

Is the service responsive?

Our findings

People told us they were happy with the care they received. A relative told us, "After some initial teething problems the care my [family member] receives at the home has got so much better. The staff know how to meet my [family members] specialist needs and look after them really well these days." Another relative said the care given to people seemed personal and focused. A member of staff said, "We aim to give people person-centred care."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People's nursing care and support needs were assessed when they moved into the home. A nurse told us that care plans were developed using the assessment information and were completed within the person's first few days of admission to the home. People's care plans included details of their preferences, their history and their diverse needs. They described the support people required from staff, for example, with their communication methods, mobility needs, eating and drinking, and personal and nursing care.

People using the service and their relatives had been involved in the care planning process. A relative told us, "We get to see mum's care plan and the nurse always asks us to read it and sign a sheet to say we have done so." A visiting social care professional who was carrying out annual checks on people living at the home who were funded by the local authority told us that the care plans they reviewed were good. They felt that staff provided safe and effective care, and the registered manager listened to and supported the staff. If they had any issues with care records these were rectified quickly.

We saw people's health needs were monitored by staff to ensure the support they received was appropriate. For example people were weighed each month and we saw people had daily fluid and dietary charts in place where risk assessments had identified additional monitoring was required. Staff told us they completed these on a daily basis and they would escalate concerns to the nursing staff if a person did not eat or drink during the day. We observed that people had access to regular fluids which we found to be always within their reach. All of the care plans and risk assessments we looked at were reviewed and updated monthly and reflected any changing needs.

Staff were knowledgeable about people's needs with regards to their disability, physical and mental health, race and religion and supported people appropriately. People were supported in particular to meet their spiritual and religious needs by the provision of daily regular bible studies and Sunday services. The Christian ethos of the home was reflected in the attitude of the staff and their approach to care. The registered manager told us that the home strived to create a caring environment for everyone and welcomed people from different religious and cultural backgrounds.

People were supported to pursue activities and interests that were important to them. They told us they had enough opportunities to engage in meaningful activities. Typical feedback we received from people using the service and their relatives included, "There's usually something interesting going on in the home," "My [family member] loves going out to a local café in the minibus with staff," and, "I think the activities

coordinators do a good job. My [family member] particularly likes listening to musicians that come here to play the piano."

During our inspection we saw two visiting musicians play the piano and initiate some Christmas carol singing. We observed people living in the home, their visitors and staff smiling and joining in these sing-alongs. There was a detailed calendar of weekly activities available to people displayed on notice boards throughout the home. Activities included a weekly quiz, gentle exercise classes, pampering sessions, sing-alongs, live music and art classes. The activities coordinators told us the home had a minibuss and popular outings included visiting a local dementia friendly café in a nearby shopping centre.

The activities coordinators also told us they engaged with everyone who lived in the home including those who preferred to stay in their rooms. This helped ensure people who were nursed in bed did not become socially isolated. We spoke to some relatives who said their family member preferred to spend most of their time in their bedrooms, but that staff regularly checked on them and engaged them in conversations. People using the service said staff always informed them about the activities taking place and provided them with one to one activities if they did not wish to take part in the group activities held in the main communal areas.

The provider responded to complaints appropriately. People and their relatives told us they felt able to raise a complaint if they had any concerns or were not happy about the standard of care provided at the home. Two relatives gave us examples of concerns they had raised with the service about staff not meeting their family member's dietary or personal care needs. These relatives said the registered manager had taken prompt and appropriate action to resolve their concerns.

There were complaints notices clearly displayed throughout the home inviting people to make a complaint or raise concerns if they were dissatisfied with the service they, or their family member had received. The registered manager confirmed that she had received no formal complaints since our last inspection and told us if people's relatives had any concerns she would invite them to meet for coffee and an informal discussion. She explained this had reduced the likelihood that people would feel the need to use the formal complaints procedure as she was able to resolve most problems or concerns informally.

Is the service well-led?

Our findings

People using the service and their relatives spoke positively about the staff and the registered manager. One person using the service said, "I think this place is well run. I see the manager walking around all the time. She often stops to say hello and ask me how things are." A relative told us, "I have a lot of time for the manager. She's very approachable and always listens to what I have to say." A visiting social care professional told us the clinical lead nurse was a good leader. They also had good communication with the registered manager. They said, "They have a tight team here."

The service had a registered manager in post. The registered manager had managed the home for nearly four years and knew the staff and the people who lived there well. She told us she monitored the culture of the service and made sure staff worked in a person-centred way. For example, she spoke with people every day and made sure staff had supported them with personal care. She also explained she reported any incidents or concerns to people's families and others who were involved with them to help promote openness and transparency.

Our records showed that the registered manager routinely notified CQC about important events which the service is required by law to send us. During the inspection we found there had been a delay in submitting a notification about an incident that had occurred at the home to the CQC. However we saw that the registered manager had taken prompt and appropriate action by informing the local authority safeguarding team. We spoke the registered manager about this and she formally notified the CQC about the incident while we were at the service.

All of the staff we spoke with told us the registered manager was approachable and supportive. There was an out of hours on call system in operation that ensured that management support and advice was available to staff when they needed it. Staff told us that very high standards of practice and conduct were expected from them. Staff also described Elmwood as being a great place to work because they were being supported to achieve good outcomes for people. One member of staff said, "I love working here. Everything is in place and up to date and there is good teamwork. End of life care is good. The registered manager is very supportive and they always have an open door for all of the staff to talk to them." Another member of staff told us, "I like it here. The residents and staff are really nice. I actually look forward to coming to work."

There were appropriate arrangements in place for monitoring the quality of the service that people received. For example, we saw audits had been conducted in areas including people's care files, medicine administration records, health and safety, accidents and incidents. Action had been taken to address issues where they had been identified. For example following a health and safety audit the health and safety policy was made accessible to all staff working at the home. The registered manager told us this information was analysed by the provider and any trends, patterns or queries were flagged up with them by senior managers during regular meetings.

The service used an electronic system to monitor staff recruitment checks and training which highlighted when staff member's criminal records checks were due to be renewed and their training needed to be refreshed. A senior business support officer told us, "I look at the system on a weekly basis to monitor

criminal records checks and make sure their training remains up to date." We also saw reports from two unannounced night time visits carried out at the home by the provider in 2016. The registered manager told us she carried out these unannounced checks to make sure people were receiving appropriate care and support.

The home's maintenance records confirmed that equipment such as hoists, wheelchairs, call bells, the lift and fire equipment were routinely serviced and maintained to reduce possible risks to people. Checks were also made on the safety of the premises in areas including legionella, and electrical and gas installation safety. We noted that the kitchen was clean and well-kept and had been awarded a five star food hygiene rating.

The provider took into account the views of people using the service and their relatives through surveys, and residents and relatives meetings. Surveys were carried out with residents and relatives biennially through an independent body and the results analysed and recommendations made from the feedback to improve the quality of the service. Minutes from the last residents and relatives meeting held in November 2016 indicated it was well attended. Items discussed at the meeting included the Deprivation of Liberty Safeguards, activities, staffing, furniture and catering. A relative told us, "I think it's important to have the residents and relatives meetings. I always attend. It's good to know what they are doing for people and we can tell them what we think."