Brookside Residential Care Limited

# Brookside Residential Home

## Inspection report

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Date of inspection visit:
04 October 2018
08 October 2018

Date of publication:
22 November 2018

## Ratings

| Overall rating for this service | Requires Improvement |
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|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Good** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

This inspection took place on 4 and 8 October 2018 and was unannounced. We last inspected the service on 30 January 2018 and we rated the service as requires improvement and we found the service to be in breach of regulation 17 in good governance. The previous provider had submitted an action plan telling us what improvements would be made. Since our last inspection a new provider has registered with us. At this inspection we found the new provider had made sufficient improvements to meet the legal requirements of the breach, however further improvements were still required. This is the fourth consecutive time the service has been rated as Requires Improvement.

Brookside residential home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Brookside accommodates up to 25 older people that may live with Dementia in one adapted building. At the time of this inspection 23 people were using the service.

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

Although some improvements had been made since our last inspection, further improvements were required to ensure staff administered people's medicines safely. Staff were aware of the risks to people and how to manage those risks such as ensuring people had enough to drink. Staff knew how to escalate any concerns they had about people in order to safeguard them from harm. People told us there was enough staff to meet their needs. People were protected from the spread of infection and where incidents and accidents took place, lessons were learnt and action was taken

Since our last inspection 18 staff had left the service. A training programme was in place to ensure all of the new staff recruited had the skills and knowledge for their role. People's needs were assessed before they moved into the home and provided staff with the required information to meet their needs. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. Further training was required to ensure staff fully understood the Mental Capacity Act.

People and their relatives described the staff as caring and kind. People's choices about how they spent their day were routinely respected and people were encouraged where possible, to retain a level of independence. People were treated with dignity and respect.

Improvements had been made to ensure care records reflected people's preferences to enable staff to be aware of what was important to them and their wishes. The provider was in the process of recruiting

designated staff to improve the activities provided to people. Systems were in place to ensure any complaints received were responded to.

The new manager and provider had an action plan in place which was being followed to embed the changes they had made, and to continue to drive improvement in the home.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always consistency safe.

Medicines were not always managed safely, but action was taken to increase the audits undertaken to address this. People were supported by staff that were aware of risks to them and who knew how to escalate concerns.

### Is the service effective?

**Good**

The service was effective.

A training programme was in place to ensure all staff received support to gain the required skills for their role. People were supported to meet their healthcare needs. Staff sought people's consent before providing support.

### Is the service caring?

**Good**

The service was caring.

People described staff as caring and kind. People were involved in the planning of their care, and encouraged to retain their independence and were treated with dignity and respect.

### Is the service responsive?

**Good**

The service was responsive

People's wishes for end of life care were obtained and recorded. Efforts were being made to improve staff knowledge about people's preferences and to increase the provision of meaningful activities. Systems were in place to manage any complaints.

### Is the service well-led?

**Requires Improvement**

The service was not consistently well-led.

Although improvements had been made since our last inspection further time was needed for these to be implemented and sustained. The provider demonstrated a clear vision to invest in the service and drive improvement.

# Brookside Residential Home

**Detailed findings**

## Background to this inspection

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

The inspection was prompted in part by concerns that had been shared with us. The nature of these concerns were varied and included; lack of robust pre-admission assessments, infection control concerns, safeguarding matters not being raised and bought to the attention of the local authority, staff not receiving training and concerns about the way the service was being managed. We looked at all of these concerns as part of this inspection visit.

This inspection took place on 4 and 9 October 2018 and was unannounced. The inspection was conducted by two inspectors.

We reviewed information we held about the service, this included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commission services to gather their feedback. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We spoke with six people, five relatives, three senior staff, three care staff, the compliance officer, cook, acting manager the provider and a visiting healthcare professional. We reviewed a range of documents and records including the care records of five people, five medication administration records, four staff files and training records. We also looked at records that related to the management and quality assurance of the service.

Requires Improvement

# Is the service safe?

## Our findings

At our last inspection the service was rated 'Requires Improvement' at this inspection we found further improvements were still required and therefore the rating remains the same. Since our last inspection there has been a change of provider and manager.

At our previous inspection we found protocols to guide staff when administering 'as required' medicines were not in place. At this inspection we found improvements had been made and these were in place for the people whose records we reviewed. We found more detail could be included within these protocols, for example in respect of the signs people would show when they were in pain and the manager agreed to action this. We continued to observe some unsafe practices when staff administered people their medicines. For example, we saw one person was given their medicines then the staff member walked away before ensuring the person had taken them. We also observed a staff member sign the medicines chart before administering medicines to a person. Both people took their medicines, however this practice is not safe practice. We also found gaps on the medicines records where staff had not consistently signed to confirm medicines had been administered although checks confirmed they had. We also saw that loose tablets such as paracetamol were not checked and counted to ensure the balance for people was in accordance with the number of tablets that had been administered, and not all variable doses of medicines where people had taken one or two was recorded to factual reflect what had been administered. The new provider and manager were receptive to our feedback and action was taken to increase the audits in place to address the shortfalls we had found.

Improvements had been made and records and body maps were in place for when staff applied prescribed cream to people. However, we found gaps in the recording and not all body charts had been filled in to guide staff on where the cream should be applied. We saw that this had been identified on an internal audit and action was being taken to address this with staff. Medicines that required cold storage were kept in a designated fridge and the temperatures were consistently completed daily. People we spoke with told us, "The staff give me my tablets when I need them to". A relative we spoke with said, "I have no concerns [name] receives their medicines at the right time, and staff would give them pain relief when they asked for it".

At our previous inspection we found people that had been assessed at risk of sore skin and malnutrition were not being monitored and records completed to ensure preventative action was being provided. On this inspection we found improvements had been made. We reviewed the records for a person that was at risk of sore skin and saw that records were in place which told us when staff had provided support to change their position. We also saw electronic records had been completed to record when support was provided which was in accordance with the intervals required on the care plan, for example every two hours. The new electronic system which was now being used then monitored the frequency the support was provided and if this was not in accordance with the care plan this alerted the manager to indicate these tasks were not being completed. This process was also in place for people at risk of dehydration and malnutrition where staff completed electronic records of food and fluid intake and the system then totalled the amount received to indicate if the person had received their optimum requirements. This was then monitored by the

compliance officer and manager who took action to address any shortfalls in the records or escalated any concerns to healthcare professionals.

Four of the six people we spoke with told us they felt safe in the home. One person said, "I feel safe here and when staff move me even though I do not like the hoist". A relative told us, "I think [name] is safe here, I would be straight on the phone reporting any kind of abuse if I saw or heard anything". Two people told us they did not always feel safe due to some of the actions displayed by other people that lived in the home. Staff told us there had been incidents where they had to intervene to provide reassurance and support and where possible to reduce any risks to people. The manager was aware of the concerns and we saw actions were being taken to respond to these incidents including referrals to healthcare professionals. Staff we spoke with knew how to escalate any concerns they had. A staff member said, "If I saw anything of concern either between people or staff I would report it straight away to the manager, provider, or if necessary to the local authority, I would not tolerate any kind of abuse".

We received a mixed response from people in relation to our question regarding staffing levels. Four of the six people told us they thought there was enough staff to meet their needs, and two people said, "At times we could do with more". Relatives we spoke with thought there was enough staff. A relative told us, "The staff are always around when needed and yes they are busy but they meet [name] needs and come when the buzzer is pressed". We saw people continued to have the portable alarm button which they used to request staff assistance both in their rooms and in the communal areas. We saw staff respond to this in a timely manner when a person used there's to request support. A dependency tool was in place to assess the number of staff required to meet people's needs, and this was monitored monthly or in response to significant changes in people's needs.

The provider told us 18 staff had left the service since they took over the home in May 2018. The reasons for their departure were varied and some staff left without providing an explanation. The manager has been actively recruiting staff in order to fill these vacancies. The manager told us all vacancies had now been filled apart from an activities coordinator, and domestic which they hoped to recruit to within the forthcoming weeks. Staff confirmed recruitment checks were completed before they started working at the home and a review of records confirmed this. Part of these checks included a police check which ensured potential staff were suitable to work with vulnerable people.

People and their relatives told us the home was generally clean and tidy. One person said, "The domestic cleans my room so it looks nice". Although domestic staff were employed they were not on duty during our visit and we saw areas that required cleaning where care staff had to complete these tasks. We observed staff wearing the appropriate aprons and gloves when undertaking tasks and systems were in place to ensure people were protected by the prevention and control of infection.

Systems were in place to ensure lessons were learnt and improvements made. For example, accidents, and incidents, were analysed on a monthly basis to identify any patterns and trends. Where people had fallen incidents were reviewed to see if any action could be taken to prevent further falls. In one instance this resulted in a referral to the falls prevention team, and an audit of all of the bedrooms in the home.

Good

# Is the service effective?

## Our findings

At our last inspection the service was rated as 'Good'. Following this inspection, the rating has remained the same.

People needs were assessed before they moved into the home. A relative told us, "An assessment was completed and we shared information about [name] life history, preferences, and routines. The staff follow these and [name] has their needs met in line with what was shared in the pre-admission assessment. We are happy with the care provided". However, another relative told us. "An assessment was completed but we did not provide detailed information about [name] needs and preferences, and the staff do not seem to know what [name] likes. Records we reviewed of recent admissions to the home showed information appertaining to their personal care needs, medical history, abilities and any associated risks. Information was also gathered about their needs in relation to any protected characteristics under the Equality Act, such as sexuality and religious needs. People told us they were supported by staff and were happy with the care they received.

A staff member that had recently started working at the service, told us, "I had an opportunity to shadow for a few days to get to know people and their needs and then I felt confident to work as part of the team". We saw an induction checklist was in place and staff if applicable completed the Care Certificate induction. The Care Certificate is a set of national standards that sets out expectations of people working within the care sector. Staff told us that as part of their induction they had not be able to read people's care plans in detail. This was discussed with the manager and provider and the induction checklist was updated to include time for this. Staff we spoke with had either completed a National Vocational qualification in care or were being enrolled on the course. The manager told us due to a large percentage of staff leaving this has impacted on the training statistics at the home. An assessment of staff training needs had been completed and a training programme was in place. Staff had recently completed training in courses such as dementia, fire, health and safety amongst others. A staff member told us, "I have completed core training previously and I now have refresher training being planned. I feel supported in my role and have received supervision". We saw a supervision programme was in place and the manager and provider intended to implement annual appraisals as this system had not been in place previously.

People told us they enjoyed the food provided. One person said, "I like the meals and there are choices available". A relative told us, "[Name] enjoys the food here they get what they want they are very fussy and it has to be prepared the way they like it which it is". People chose where they wanted to eat their meal and majority of the people chose to remain in the lounge or their bedroom even though staff encouraged them to use the dining room. The manager acknowledged the dining room was under used and advised us they were working on trying to encourage people to use it more. We saw people received the required assistance to eat their meals and had access to equipment to enable them to remain independent such as plate guards.

We saw healthcare professionals visited the home regularly to support people with their healthcare needs. We spoke with one healthcare professional who told us, "If we share recommendations these are listened to

and implemented". During our visit we observed how concerns had been shared and a GP called out to visit a person. Following recommendations made by the GP the staff then contacted the district nurses to provide the required support. People and relatives told us their healthcare needs were met. One person said, "If I do not feel well the staff will call the doctor out and the district nurse visits me too". A relative told us, "All of [name] healthcare needs are met they see a chiropodist, optician and dentist routinely. If staff had concerns I am confident they would get the GP if needed".

People told us they liked their bedrooms which they had personalised to suit their preferences. One person said, "I like my room and I have many pictures of my family on the wall which gives it a homely feel" Another person told us, "The new provider is spending money on the home, we have had a new lift because it broke down and some lovely pictures in the corridor, I really like them". The new provider shared with us their future plans for the home, and this included redecorating areas, new flooring, new call bell system. They told us they wanted to make the environment more accessible for people that lived with dementia and had purchased new signage to aide people's orientation round the home. People have access to a conservatory which had lovely views of the wildlife and pool in the distance. However, people told us it was too hot in the summer and too cold in the winter. The provider had plans to change this room to make it more comfortable for people to use.

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 authorisation 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.

People, relatives and our observations confirmed that staff asked for people's consent before providing support. One person told us, "The staff always ask me if they can provide support". A relative told us, "The staff ask [name] consent before they do anything. If [name] doesn't want to do something they won't and the staff always respect their decision. Their human rights are respected". Staff we spoke with had a basic understanding of the MCA and how this related to how they sought consent before supporting people. A staff member said, "I always ask a person's permission first before providing support if they said no I would respect this". Staff had either completed training or had this planned. The manager had completed applications as required where they felt people's liberty was being restricted. We saw one person had a DoLS authorisation in place which did not have any conditions attached to it. Although staff were working in accordance with the principles of the legislation not all staff were aware this person had an authorisation in place. This was shared with the manager and provider who agreed to address this.

Good

# Is the service caring?

## Our findings

At our last inspection the service was rated as 'Good'. Following this inspection, the rating has remained the same.

Both people and relatives made positive comments about the caring nature of the staff. One person said, "They are all lovely and very nice. They help me when I need them to, I am happy with the care I receive". A relative told us, "The staff are caring, positive and friendly I only have praise for them. This is a lovely home much better than the one [name] was in before". Some people and relatives talked to us about the changes in staff and the impact this had. One person said, "We have lost a lot of staff when there was a change in provider not sure why, and it is taking time to get to know the new staff but they all seem nice. I cannot remember all of their names yet but hopefully I will soon". A relative said, "There has been many changes recently especially with the staff, but the new ones do seem nice and caring". We observed staff support people with kindness and compassion and observed friendly banter between staff and people.

People and relatives told us staff treated them with dignity and respect. One person told us, "The staff are very respectful and they make sure my dignity is intact when I have support to wash or when I have a shower". A relative said, "From what I have seen the staff are very respectful when they speak with people and to [name]. They knock bedrooms doors before entering and try to be discreet when asking if [name] needs the toilet". Staff spoken with knew how to maintain people's dignity when providing care. A staff member told us, "I always cover people with a towel when undertaking personal care, and when we support people using the hoist, I try and ensure their clothes are in the right position to maintain their dignity". The provider has employed a compliance officer and part of their role is to observe staff working on the floor to ensure staff are working in an respectful manner and supporting people in a dignified way.

People and their relatives told us staff encouraged them to be independent. One person said, "The staff do encourage me to do as much for myself as I can, and I do try as I want to keep some independence even it is just washing myself". A relative said, "The staff really have promoted [name] independence with their personal care and mobility they have really improved since moving here". We saw people had mobile phones on their tables which they used to maintain contact with their loved ones, and drinks which were accessible. Biscuits were provided in the lounge to enable to people to help themselves.

People told us they were consulted and made decisions about their care and support. One person said, "I decide when to get up and go to bed and what I want to do during the day. The staff get my clothes out for me but I chose what I want to wear. They make sure I have everything I need on my table for the day and get my perfume for me to put on and my jewellery if I fancy wearing it". A relative said, "The staff try and encourage [name] to come out of their room but they don't want to, [name] likes their own space and staff respect their choice".

The manager knew how to refer people for an advocate if this was needed. We saw an advocate from the local authority had been appointed for the person that had a Deprivation of Liberty authorisation in place in order to safeguard their human rights. We discussed with the registered manager the responsibilities of the

advocate as the relevant person's representative under the Mental Capacity Act.  An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

Good

# Is the service responsive?

## Our findings

At our last inspection the service was rated as 'Requires Improvement'. Following this inspection, we saw improvements had been made and the rating has changed to 'Good'.

At our previous inspection we found end of life care plans were not in place to reflect the wishes of people. At this inspection we saw information about people's wishes were recorded on the electronic care plans we reviewed. Information included people's final wishes for example not wishing to go into hospital and wanting to remain in the home if possible. The manager told us information had been recorded for all of the people in the home even if to reflect they were not ready to discuss their final wishes yet. This information was then kept under review.

A relative told us, "I was involved in the pre-admission assessment and [name] and I were asked all about their needs, abilities, wishes and preferences. It was in-depth and is kept under review. We continue to be involved". We saw a new pre-admission assessment was now being used which if completed in full enabled the manager to gain a holistic overview of the persons abilities and needs. We reviewed the information obtained for the last person that moved into the home and we saw in addition to the assessment completed by the person's social worker the manager completed their own assessment. This included information about their abilities, needs, routines, life history, and information about which people were important to them in their life, and if they had any cultural beliefs or were part of the LGBT community. Information about how a person communicates was obtained and equipment the person required to aid their mobility. This information was then used to formulate their care plan which we saw was regularly reviewed with them if possible or with their relative, or significant person.

One person told us, "The staff that have been here a while know me and what I like, the new staff are getting to know me and my little ways". A staff member told us, "Although I haven't had time to read everyone's care plans, I talk to people so I am getting to know their preferences and routines". People talked to us about the impact of all of the staff and management changes and how things had begun to settle down. We observed staff were responsive to people's needs. We saw staff support people with their personal care when requested. When staff were concerned about a person's wellbeing they took action to call out a GP to come and visit the person. When people requested to go to their rooms, staff supported them to do this.

We spoke with people about how they spent their day. One person said, "It can get boring, I just sit here all day, the staff do come and have a chat. We do have someone come in on a Friday to do exercises and we have had singers in the past. The activities girl has left so I am not sure what is happening now". A relative told us, [Name] prefers to remain in their room and they occupy themselves so even if activities were provided they wouldn't participant so they are quite content". The manager and provider acknowledged that currently there were no designated staff to support people to engage with meaningful activities. The provider told us, "We have recruited a staff member to one activities post and we hope to fill the other vacancy soon. My vision is to have activities provided six days a week and for the programme to be specific to the needs and preferences of the people we currently have living here". Following our visit, the provider told us an activities staff member had started working in the home and it was going well and how they had

appointed to the other vacant position. During our visit we saw people reading newspapers and magazines which had been collected for them. People chatted to the person that sat next to them and we saw one person sharing photos of their family with a staff member and telling them about their life. The television was on most of the time, and on day two a staff member also put a CD on in addition to the television which made it difficult for people to focus on either the music or the television. This was discussed with the manager and provider who agreed to address this. The manager told us a singer visits monthly and a hairdresser weekly.

People and relatives told us they knew how to raise any concerns they had. A person said, "I would go to the manager or to the provider and tell them and I am sure it would get sorted". A relative said, "The complaints procedure is displayed. I have no concerns but if I did I would go straight to the manager or provider depending on who I saw first". A procedure was in place and displayed in the corridor. The provider told us alternative formats could be provided if needed by people such as large print, or alternative languages. The manager advised they had received two complaints which CQC had referred and we saw these had been recorded along with the responses provided to us. The staff had received many compliments and we reviewed the cards that had been sent. Comments included, "Thank you to the staff we cannot praise them enough for their ethos and the care provided. We are very happy with everything", and "We would like to thank the staff for their kindness and care provided to [name]". A system was in place to record and analyse any concerns received for possible trends and patterns.

Requires Improvement

# Is the service well-led?

## Our findings

At our last inspection the service was rated 'Requires Improvement' and they were found to be in breach of regulation 17 in good governance. At this inspection we found the new provider had made sufficient improvements to meet the requirements of the law but further improvements were still required and therefore the rating remains the same. This is the fourth consecutive rating of Requires Improvement for the home.

Since our last inspection a new manager was appointed in February 2018 and a new provider registered with us in May 2018. We have received an application from the manager to register with us. Both the manager and provider were aware of the previous report, the breach issued and the improvements required.

Although discussions with the manager and provider demonstrated their knowledge of the law and for notifying us about incidents of concern and safeguarding, we found two incidents where CQC had not been notified. These incidents referred to a serious injury sustained and a safeguarding incident. From the records we saw all other action had been taken in response to these incidents including sharing information with the local authority. The manager submitted these notifications to CQC during the inspection.

At our last inspection we found systems were not implemented effectively to assess, monitor and improve the service provided. At this inspection we found that sufficient improvements had and were being made to make the required improvements. We saw medicines audits were completed each month on a regular basis, and where shortfalls were identified action was taken to address these. However, when we reviewed the medicines we identified shortfalls with the records and we observed staff not following safe practices when administering medicines to people. In response to our feedback on day one of our visit the manager and provider implemented additional audits to take place every three days, and they completed a full stock count of all the tablets that were not pre- prepared by the pharmacy. They commenced completing assessments of senior staff competency to administer medicines, addressing our observations with individual staff members. An action plan was implemented to complete an assessment of all senior staff within a two-week period. Audits were now in place to ensure prescribed creams were applied as required, and action taken to address any shortfalls in the completion of records. We saw the fridge temperatures were recorded daily and these were checked by the compliance officer, manager and provider as part of the new audits implemented.

A new infection control audit had been implemented and completed in July 2018. The manager advised this would be completed on a quarterly basis. Training had been provided and further training planned for those staff that required infection control training. Improvements had been made to ensure care records contained accurate information about people's current needs and any identified risks. The manager and provider both audited the care records to ensure information was up to date. The new electronic care docs system would identify any areas of a person's care plan that was either out of date or had not been completed. We saw improvements had been made and people's fluid intake and repositioning records were completed and audited to ensure they reflected the support provided to people and any risks, for example if people did not reach their optimum fluid intake.

We saw the provider had implemented other audits to monitor and assess the service provided such as health and safety, finances, and equipment. The provider had implemented an allocation sheet to assign responsibilities to each staff member on the shift, and this ensured staff took accountability for their work. A new compliance officer had recently been recruited to assist the manager with completing the audits and monitoring of the service. Discussions with the provider demonstrated their vision to make all the required improvements and to ensure people received safe and good quality care. The provider completed their own audits monthly and it was evident from the feedback we received they visited the home several times a week monitoring the progress of the home and to support the manager and staff. The provider told us about their future plans for the service and the financial investment they had planned to upgrade the home and garden. The provider had paid for an independent consultant to 'inspect' the home and we reviewed the report and saw an action plan was in place in response to the recommendations made. The provider and manager told us their biggest challenge had been the impact of having so many staff leave within a short time period, and recruiting suitable staff to the vacant positions. The provider felt the staff team was nearly complete and hoped for a period of consistency and stability.

People we spoke with knew who the manager and the provider was. One person said, "Yes I know the new manager she comes in and says hello and she works with the girls on the floor. She is lovely and I find her approachable. I would say the same for the new providers they are always here". A relative told us, "Both the manager and provider are friendly, they are making a positive difference despite the resistant to change from some staff. I think they are doing a good job". Staff we spoke with were also positive about the manager and provider. A staff member said, "I feel supported by both the manager and provider I know I could talk to them about anything, I think they are approachable and making changes for the better". Staff told us and records seen confirmed team meetings had taken place. A staff member said, "I would feel able to share any ideas at the meetings, I think I would be listened to".

Efforts were being made to engage with relatives and people. An open day had been arranged over a weekend to enable any relatives to meet with the manager. Surveys were being prepared to be sent out by the end of the month to gain feedback from people and their relatives, and meetings with people were being planned once the activities staff had commenced their employment. We saw a board was displayed in the lounge with the heading – 'you said, we did' and this told us what feedback had already been received and the action taken in response to this. For example, a comment was recorded 'juice not nice' so this was changed.

The manager and provider has begun to engage with a variety of external agencies including the local authority and healthcare professionals with the aim of ensuring positive outcomes for people.