

Lancashire County Council

Milbanke Home for Older People

Inspection report

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15 March 2017

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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 comprehensive inspection was carried out on the 14 and 15 March 2017. The inspection was unannounced.

Milbanke Home for Older People is a residential home operated by Lancashire County Council. The home is located close to the centre of Kirkham. Accommodation is provided for up to 45 elderly people who require personal care, dementia care or are living with mental health needs. The home is split into four courts. There is a passenger lift to gain access to both floors. There are accessible gardens for people to use and car parking is available at the home.

There was a manager in place who was registered with the Care Quality Commission. 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.

We last inspected Milbanke Home for Older People March 2015. We identified no breaches in the regulations we looked at.

During this inspection carried out in March 2017 we found the registered provider was working in line with the principles of the Mental Capacity Act 2005. Appropriate applications to deprive people of their liberty were made to the local authorities as required. We observed care and support being provided in a safe way. Documentation recorded the care and support people required to maintain their safety.

Staff were able to explain the actions to take if they were concerned someone was at risk of harm or abuse. People who lived at the home told us they felt safe. One person told us, "Oh I'm safe. Everyone looks after me so well." During the inspection visit we identified an occurrence which required reporting the Lancashire Safeguarding Authorities. We have made a recommendation regarding this.

Documentation we viewed evidenced people were involved in the planning of their care and people we spoke with confirmed this. People told us they were supported to see health professionals if the need arose and we found this was recorded in care documentation.

We looked at the auditing systems to identify shortfalls at the home and drive improvement. We found that when accidents or incidents occurred, the registered manager reviewed these. Staff spoken with were able to explain the steps taken to minimise the risk of reoccurrence. There were audit systems to identify if improvements were required at Milbanke Home for Older People.

We found medicines were managed safely. We observed medicines being administered and saw this was carried out safely. Staff told us they received training to enable them to administer medicines correctly and

we saw documentation which evidenced this.

We reviewed staff files and found there were processes that ensured staff were suitably recruited. Staff we spoke with confirmed checks had been carried out prior to starting work at the home.

Staff told us they met with their line manager on an individual basis to discuss their performance. Staff were complimentary of the training provided and told us further training was being arranged to ensure their skills remained up to date. Staff spoke positively of the registered manager. We found staff meetings took place to enable information to be shared and guidance sought if this was required.

We discussed staffing with people who lived at the home. People told us they considered there were enough staff to support them. Relatives and staff we spoke with raised no concerns regarding the staffing provision at the home.

People who lived at Milbanke Home for Older People told us they considered staff were caring. One person told us, "Everyone here is nice, so nice." We observed people being supported with kindness and compassion.

During the inspection we saw activities were available for people to participate in if they wished to do so. We observed people joining in crafts, dominoes and a musical activity. The activities were seen to be enjoyed by people who lived at the home.

There was a complaints policy available at the home. People told us they would talk to staff if they had any concerns.

People told us they enjoyed the food at the home. We observed breakfast and the lunchtime meal and saw this was a positive experience for people who lived at Milbanke Home for Older People. Staff gently encouraged people to eat and we saw people enjoyed their meal.

People who lived at the home told us they could speak with the registered manager if they wished to do so. Staff we spoke with also gave positive feedback. They told us they found the registered manager to be approachable and supportive. Relatives we spoke with also told us they found the registered manager to be approachable.

We saw evidence that meetings were held to gain peoples' views and a survey was provided to people who lived at 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 managed appropriately.

Staff were suitably recruited, and staffing levels were sufficient to respond to peoples' individual preferences.

Assessments of risk were carried out and care documentation contained information on how risks were managed.

Staff were aware of the policies and processes to raise safeguarding concerns if the need arose.

Is the service effective?

Good ●

The service was effective

People were enabled to make choices in relation to their food and drink and were encouraged to eat foods that met their needs and preferences.

There was a training programme to ensure people were supported by suitably qualified staff.

Referrals were made to other health professionals to ensure care and treatment met people's individual needs.

The management demonstrated their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring.

Staff were patient when interacting with people who lived at the home and people's wishes were respected.

Staff were able to describe the likes, dislikes and preferences of people who lived at the home.

People's privacy and dignity were respected.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the development of their care plans and documentation reflected their needs and wishes.

People were able to participate in activities which were meaningful to them.

There was a complaints policy to enable people's complaints to be addressed. Staff were aware of the complaints procedures in place.

Is the service well-led?

Good ●

The service was well-led.

Quality assurance systems were in place to ensure areas of improvement were identified and actioned.

The registered manager consulted with people they supported and relatives for their input on how the service could continually improve.

People, relatives and staff told us the manager was approachable and supportive.

Milbanke Home for Older People

Detailed findings

Background to this inspection

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

This comprehensive inspection was carried out on the 14 and 15 March 2017 by one adult social care inspector. The first day of the inspection was unannounced. At the time of the inspection visit 39 people lived at Milbanke Home for Older People.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We included this within our inspection planning. In addition we viewed information the Care Quality Commission (CQC) holds about Milbanke Home for Older People. This included any statutory notifications, adult safeguarding information and comments and concerns. We also contacted the local commissioning authority to gain their views on the service provided. This helped us plan the inspection effectively.

As part of the inspection visit we spoke with thirteen people who lived at the home and four relatives. We spoke with the registered manager of Milbanke Home for Older People, the senior manager, the cook and five care staff. In addition we spoke with two assistant care managers, two housekeepers, the laundry person who worked at the home and the catering manager. We also spoke with a visiting health professional. We walked around the home and spent time in the communal areas. This allowed us to observe the interactions between people who lived at the home and staff. 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 with us.

We looked at a range of documentation which included five care records and three staff files. We also looked at staff rotas and health and safety documentation. As part of the inspection visit we viewed a sample of medicine and administration records.

Is the service safe?

Our findings

We asked people if they felt safe. People told us, "Oh I'm safe. Everyone looks after me so well." And, "Yes, I'm safe." Relatives we spoke with raised no concerns regarding the safety of their family member. One relative told us, "[Family member] is cared for and yes, [family member] is safe." A further relative told us, "[Family member] is safe."

We reviewed care records and saw risk assessments were carried out to ensure risks were identified. Care records contained information to instruct staff on how to manage these risks. For example, we saw one person needed specific equipment to maintain their safety while they were mobilising. We observed the person being helped and saw staff supported them in accordance with the risk assessments and the person's care plan. Staff we spoke with were able to explain the person's needs and the reasons for the support the person required. This demonstrated staff were knowledgeable of the risks identified and how to suitably address these.

We spoke with staff about safeguarding. They told us they had received training to deal with safeguarding matters. We asked staff to give examples of abuse and they were able to describe the types of abuse that may occur. Staff also demonstrated an understanding of signs and symptoms of abuse and explained how they would report these. They said they would immediately report any concerns they had to the registered manager, or to the local safeguarding authorities if this was required. One staff member told us, "I'd report any safeguardings to [registered manager]. She would take any action required." A further staff member said, "Management always act straight away if we report any concerns." Staff told us they could access the local authorities safeguarding number in the office and we saw there was a safeguarding policy for staff to refer to if required.

We discussed safeguarding referrals with the registered manager and the senior manager. We noted an incident had occurred which had not been referred to Lancashire Safeguarding Authorities. They responded swiftly to our discussion. Following the inspection visit we were informed by the registered provider they had referred the incident to the Lancashire safeguarding Authorities. We recommend that the service seeks advice and guidance from a reputable source, about the management of safeguarding referrals.

We observed medicines being administered. The staff member concentrated on their duties and checked the medicine administration records (MAR) and the medicine prior to administering medicines. We noted the staff member consulted with people and the MAR record was signed when people had taken their medicines. We checked a sample of MAR records and medicines and found the quantities matched. This indicated people received their medicines as prescribed. We discussed the ordering and disposal of medicines with staff. The staff member we spoke with was able to explain the action to take if medicines required ordering or disposal. This helped ensure medicines were managed safely.

We looked at staff files to check suitable recruitment processes were in place. We reviewed documentation which showed appropriate recruitment checks were carried out before a person started to work at the service. Staff we spoke with told us they had completed a disclosure and barring service (DBS) check prior to

being employed. This is a check which helped ensure suitable people were employed to provide care and support. We saw records of the checks were kept and references were sought for each new employee.

We discussed staffing with people who lived at the home. People told us they were happy with the staffing arrangements. We were told, "Staff come to me if I need help." And, "If I ring that bell, someone comes." Also, "I don't have to wait if I ring my bell, unless there's an emergency. They can't help that." We carried out observations during the inspection. We timed one call bell and saw this was answered promptly. We saw staff spent time with people during activities and we observed one staff member sat with a person and reassured them as they were worried. As a result of staff intervention, the person appeared much happier.

We asked relatives their opinions on staffing at the home. Three of the relatives we spoke with raised no concerns. Comments we received included, "There's nothing wrong with the staffing levels." And, "There's always someone to help." One of the relatives told us they felt there had been occasions when more staff would have been beneficial. We discussed this with the registered manager. They assured us they reviewed the staffing levels at the home to ensure sufficient staff were provided. The registered manager explained they used a staffing calculation tool. This is a tool which helped analyse the needs of people who used the service and indicated the number of staff required to support people. They explained the staffing calculation tool was regularly reviewed and adjusted as required. We were also told if extra staff were required due to a person's needs or unplanned leave, additional staff were provided. We viewed one week's rota and saw staffing levels were consistent with the registered manager's explanation and the assessed needs of people who received care and support. The registered manager explained they currently utilised agency staff as they were recruiting permanent staff to work at the home.

Staff we spoke with told us they felt they had the time to support people safely and in accordance with their assessed needs and preferences. They confirmed extra staff were provided if this was required and that the registered manager had recruited new staff to work at the home.

We spoke with staff and asked them to explain the procedure they would follow in the event of a fire. Staff we spoke with were able to explain the procedure. They were knowledgeable of the support people would require to enable them to evacuate the home. Staff explained each person had a 'Personal Emergency Evacuation Plan' (PEEP) and we saw documentation which evidenced this.

We looked at a range of health and safety documentation. We found agreements and checks were in place to ensure equipment and services were maintained safely. We also saw water temperatures were monitored to minimise the risk of scalds. During the inspection visit we noted window restrictors fitted to windows at the home were not tamper proof. Prior to the inspection concluding we received written confirmation from the registered provider that window restrictors had been fitted.

Is the service effective?

Our findings

We spoke with people who lived at Milbanke Home for Older People to ascertain their views on the care provided. One person told us, "I'm very pleased with it here." A further person said, "They help me access further healthcare." Relatives we spoke with raised no concerns with the care and support their family members received. One relative told us, "I think the care is excellent."

Care files we viewed contained contact details of people who were important to those who received care and support from Milbanke Home for Older People. We saw details of doctors and relatives were recorded to enable contact to be made. Staff we spoke with told us if they were concerned about a person's wellbeing, they would contact other health professionals as required. This demonstrated staff were aware of the action to take if a person became unwell.

We viewed documentation which demonstrated people received timely referrals to other health professionals. We saw appointments were made for people to see other health professionals as their needs changed. We spoke with one person who lived at the home who described the support they had received from external health professionals. They told us staff supported them to arrange this. They told us, "I'm very well here. They arrange my meetings for me." This demonstrated people received professional health advice to help ensure their needs were met.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw documentation which evidenced people's mental capacity was considered as part of people's regular care reviews and applications to restrict people's liberty were submitted to the local authority if these were required. During the inspection we were informed applications were currently being made if people had equipment in place to maintain their safety. For example, bedrails or alert mats. These are used to minimise the risk of harm to people if assessed needs indicate they are appropriate. Prior to the inspection visit concluding we saw evidence the applications had been submitted to the local authority.

During the inspection visit we saw people were asked to consent to care and support before this was given. One person was asked if they wanted to receive their pain relief medicine. We saw the person declined this and asked the staff member to return to them later. We noted the person's wishes were respected. We observed one person being asked if they would like to spend time in their room, we noted the staff member was patient with them and waited for their consent before supporting them. Staff we spoke with demonstrated an awareness of the importance of gaining people's consent and confirmed they had received training in these areas. They told us they would report any concerns immediately to the registered

manager to ensure peoples' rights were protected.

We asked people their opinion on the meals at Milbanke Home for Older People and received no negative feedback. One person said, "The food's good. Really good." Another person said, "I get plenty to eat, I like everything and they do a lovely roast." We viewed the kitchen area and found the fridges and freezers were stocked with a variety of meats, fresh and frozen vegetables and dried and tinned goods were also available. During the inspection we saw fruit, biscuits and snacks were freely available and offered to people throughout the day. Relatives we spoke with raised no concerns regarding the food. One relative commented, "They go out of their way to provide the food [family member] likes."

We reviewed documentation to check people were supported to eat and drink sufficient to meet their needs. We saw people's weight was monitored to ensure their dietary needs were considered as part of the care planning process. We noted preferences were taken into consideration. For example, we saw one person requested specific meals. We spoke with the person who confirmed these were provided to them. They told us, "I have my own meals because I don't like the food they have." We observed the lunchtime meal being served and saw people were encouraged to eat until they were satisfied. We noted drinks were available throughout the meal and people were offered protective clothing and napkins. If people required specific equipment such as lipped plates, or adapted cutlery, this was provided. Adapted cutlery is designed to support people who find it difficult to grip ordinary cutlery and may help people retain their independence.

We spoke with staff to check they received sufficient training to enable them to deliver safe and effective care. Staff explained they had received training in areas such as first aid, health and safety, MCA, safeguarding and dementia awareness. One staff member commented, "I have to give credit for our training, it's fantastic." A further staff member said they found the training in dementia useful. They told us, "It helped me understand their world and how to help them." We reviewed the training matrix. This is a document that records the training staff have completed and the training staff are required to complete. We saw some gaps were identified. The registered manager told us staff were currently completing training and further training was being planned. Staff we spoke with confirmed this.

Staff we spoke with were told staff received an induction prior to starting to work with people who received care and support. In addition, staff explained they received supervisions with their line manager. These are one to one meetings where staff discuss their performance and any training needs. Staff said these were helpful as it allowed them to discuss any areas of concern and also to plan any further training required. One staff member commented, "It's my time to discuss me and how I meet the high standards here." We saw documentation which evidenced supervisions took place. This demonstrated staff were supported to maintain their skills and seek further training if this was required.

We walked around the home to check it was suitable for the needs of people who lived there. The home had considered best practice guidance in relation to the décor at the home. There were handrails to support people with mobility needs and written and pictorial signage was displayed to help people locate rooms they wished to go to. Seating was available in corridors to allow people to rest as they moved around the home. We noted framed pictures of local landmarks and historical photographs were displayed, and in communal areas notice boards displayed the correct day and date. Clocks in communal rooms were large and visible and displayed the correct time. This may help people who cannot recall these details.

We found the environment had a positive impact on people who lived at the home. We observed one person walking in the corridor. They identified the room they wished to go to and accessed this without support. We saw a further person was walking in the corridor, we saw they noticed their photograph was displayed on the wall outside their private room. They entered their room and we observed them sitting in their chair

looking out of the window. The adaptations enabled people to maintain their independence.

Is the service caring?

Our findings

People who lived at the home were complimentary of staff. Feedback included, "All I can say about the staff is how lovely they are." And, "They're very kind." Also, "The staff are amazing." A relative we spoke with commented, "They're caring with my [family member]." A further relative told us, "We really do appreciate the staff. They're mature, they're caring."

People told us they were involved in their care planning and we saw documentation which evidenced this. Care records contained information about people's current needs as well as their wishes and preferences. We saw information regarding peoples' social histories and people who were important to them was included. One person told us they had been involved in the development of their care plan. They explained staff had worked with them to identify the help and support they needed and they met with them regularly to discuss their care. "They said, "[Staff member] meets with me to talk about my care." A further person commented, "I'm involved in important decisions."

We observed there were positive relationships between people who lived at the home and staff. For example, we noted one person was walking around the home. A staff member asked the person if they could walk with them and the person smiled and nodded. As they walked we heard the staff member and the person chatting and laughing. We saw people smiled when staff approached them and we saw numerous occasions when people approached staff and hugged them. This demonstrated people were comfortable in the presence of staff.

Staff responded to non-verbal communication. We saw one person placed their hand to their ear when the fire alarm was tested. A staff member went to the person and explained what was happening. They held the person's hand and stayed with them, speaking soothingly and calmly until the person was less anxious. We observed the person patted the staff members hand and smiled at them as they left. This demonstrated staff were caring.

Staff told us they were committed to making Milbanke Home for Older People a positive place to live. One staff member told us, "Caring is the ultimate privilege." A further staff member said, "We have time to spend one to one time with people, that's the best part of this job. It makes such a difference to their lives." Staff told us they took time to get to know people as this enabled people to feel comfortable and valued. One staff member said, "Because I know [person] I know his television is important to him." A further staff member commented, "We look beyond the dementia to get to know people."

We asked people who lived at the home if they felt staff understood them and their individual needs. People told us they did. Comments we received included, "The staff are good, attentive and know me well." And, "Staff know what help I need. I don't have to tell them." We spoke with one relative who told us, "Staff know [family member] and his ways."

We discussed how advocacy services were provided with the registered manager. We were informed there was no-one accessing advocacy services at the time of the inspection. The registered manager informed us

advocacy support was arranged at people's request.

People who lived at Milbanke Home for Older People told us their dignity was protected. One person commented, "When I have a bath, the girls get everything ready first so I'm not left undressed." A further person told us their privacy was respected when they chose to spend time in their private room. They said, "Staff don't just walk in, they knock first." During the inspection visit we noted staff took care to respect people's privacy and uphold their dignity. For example, we observed one person was getting changed in their private room with the door open. Staff intervened by explaining to the person they would shut their door to ensure their privacy.

We found care records were stored securely. This helped ensure private information was only available to authorised people. We noted if staff needed to discuss people's needs or wishes, this was done in a private area to ensure details could not be overheard. This helped ensure individual personal details remained private and people's dignity was protected.

Is the service responsive?

Our findings

People who lived at Milbanke Home for Older People spoke positively regarding the care and support they received. People told us, "Tell you the truth, they check me and look after me. I couldn't be without them." And, "It's good care here." Relatives we spoke with voiced no concerns regarding the care and support provided. One relative commented, "I couldn't criticise the care at all, it's good." A further relative commented, "You'd have to go a long way to beat the care."

Care records contained assessment tools to ensure peoples' needs were assessed. For example, we saw one assessment tool which identified peoples' strengths and needs. This was then developed into a care plan. We discussed this with the registered manager. They told us this had recently been introduced and enabled a person centred assessment to be carried out. We saw the corresponding care plans related to the assessment. This demonstrated the registered provider was committed to ensuring the needs and strengths of people were identified and care developed to meet these needs.

People we spoke with told us their personal preferences were considered and respected. One person told us their independence was important to them and explained the support they received. They told us the support they received had been agreed with staff. They commented, "I had my say and staff abided by it." A further person told us, "I've never been made to do anything I didn't want to do." This demonstrated peoples' preferences were considered as part of their care planning.

We asked people their opinion of the activities provided. Two people told us they were aware of the activities but they did not enjoy them. We discussed this with the registered manager. The registered manager told us people were invited to share their views on the activities. We saw documentation which evidenced peoples' opinions regarding activities were sought at 'residents meetings.' The registered manager told us they would explore the comments we passed to them further. Other people told us they were able to take part in activities if they wished to do so and they enjoyed the activities. One person said, "I like the films." A further person said, "I chat to staff and I like the exercises I do." During the inspection we observed people being supported to take part in activities. We saw people were asked if they wanted to take part in crafts, musical entertainment and dominoes. People who agreed to participate were seen to be laughing and joking with each other and staff supported people if this was required.

We saw there were reminiscence resources available at the home. We saw a reminiscence resource which imitated a garden shed. Staff told us this was useful as it encouraged memories and stimulated activities. We were shown photographs of people who lived at the home using the resource and potting plants. The photographs showed people were smiling. One person told us, "That's me. It was a laugh."

We found there was a complaints procedure which described the response people could expect if they made a complaint. At the time of the inspection visit people told us they had no complaints. and they would speak with staff if they had any concerns. We were told, "I'd complain to the office." And, "I've had no problems here what so ever." Relatives we spoke with told us they would speak with the registered manager if they any complaints. We looked at the complaints log and saw a concern had been recorded. We

discussed this with the person who had made the concern. They told us this had been addressed. A further relative commented, "I'm happy with everything."

Staff told us if people were unhappy with any aspect of the service they would pass this on to the registered manager. One staff member said, "These people are no different to me and you. They deserve to have their voice heard." This demonstrated staff were aware of the process to follow to enable complaints to be addressed.

Is the service well-led?

Our findings

People told us they considered Milbanke Home for Older People to be well-led. Comments we received included, "Everything seems to run well." And, "[Registered manager] is the best manager I've ever seen." One relative told us, "Running a care home is extremely hard. [Registered manager] is doing a good job." Relatives also told us they could approach the registered manager if they needed to discuss anything with them. We were told, "The management is very good. [Registered manager] is always open to my point of view." A further relative said, "I know if I have a worry I can approach [registered manager]." One relative told us they felt the registered manager could be more accessible. We discussed this with the registered manager who assured us they would discuss this with the relative.

We asked the registered manager what audits were carried out to ensure a high quality of care was achieved. We were told environmental audits were carried out. In addition we were informed checks were carried out on medicines and accidents and incidents. We saw documentation which confirmed this. The registered manager explained they were also audited by the senior manager and we saw action plans were developed following this audit taking place. The registered manager told us the home also audited the experiences of people who lived at the home. This was done by carrying out an evidenced based assessment through observation of people who lived at Milbanke Home for Older People. We saw documentation which demonstrated this took place.

Staff consistently told us if shortfalls were identified during an audit, action was taken to improve the service. One staff member explained the registered manager carried out checks and also did 'walkrounds' to identify any concerns. They told us any areas of improvement were communicated to staff immediately. They commented, "[Registered manager] checks we put whatever it is right as well."

Staff reported a positive culture within the home. Without exception staff told us they felt supported by the registered manager. One staff member said, "[Registered manager] has got the balance right. A happy home with the attention on the residents." A further staff member told us they considered the team work to be good. They told us, "I'm happy with the teamwork. We communicate well and work together so residents are supported." During the inspection visit we noted personal profiles of staff were displayed on notice boards in communal areas. These contained a photograph of staff members and what was important to them. Staff told us they valued these. They explained they found them informative and they helped them build positive relationships with other staff, people at the home and relatives.

We found staff meetings were held and staff were informed of improvements that were required. For example, we saw staff had been reminded to date and sign care reviews as they were completed. The registered manager had addressed this at a staff meeting. This demonstrated staff were given information and guidance to enable improvements to be made.

We saw people were offered the opportunity to give feedback on the quality of the service provided. During the inspection visit we viewed the last completed survey. We saw as a result of feedback changes had been made to the catering provision within the home. In addition, comments made regarding the environment

had been addressed. This demonstrated action was taken in response to feedback. We were unable to view the outcomes of the most recent survey as this had just been provided to people and feedback was in the process of being returned and analysed.

We reviewed documentation which demonstrated people who lived at the home were invited to attend 'residents meetings.' The documentation we viewed showed people were asked their opinion on various aspects of the service provided. For example we found people were asked their views on the food provided when a new menu was introduced at the home. This demonstrated people were invited to share their views so any improvements required could be identified.

We saw documentation which evidenced 'relatives meetings' took place and were arranged in advance. Relatives we spoke with told us they were aware of the meetings. This allowed relatives to gain information and give feedback in a formal setting.