

Care Concern Yorkshire Ltd

Moorfield House Nursing Home

Inspection report

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31 January 2018
16 February 2018

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Ratings

Overall rating for this service

Requires Improvement 

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

We carried out the inspection of Moorfield House Nursing Home on 31 January and 16 February 2018. This was an unannounced inspection.

Moorfield House Nursing 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.

Moorfield House Nursing Home is a Grade 2 listed building located in a residential area north of Leeds. There is also a purpose-built extension to the main house. Moorfield House provides accommodation for 50 people on three floors with a passenger lift. There are single bedrooms and some have en-suite facilities. There are communal lounges and an activities room.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve all the key questions to at least a good rating. At this inspection we saw improvements had been made in all key questions.

The home had a registered manager. 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.

At the last inspection in May 2017 we found the service required improvement. At this inspection we found the service had improved.

Policies and procedures were in place however, it was unclear how staff accessed these freely. The provider had systems in place to assess and monitor the quality of the service. However, actions from audits undertaken by the provider were not completed in a timely manner. We have made a recommendation around this.

People were safe at the home. The provider took appropriate steps to protect people from abuse, neglect or harm. Training records showed staff had received training in safeguarding adults at risk of harm. Staff knew and explained to us what constituted abuse and the action they would take to protect people if they had a concern. We saw that people were able to speak to the registered manager or deputy at any time.

Staff were familiar with risks people faced and knew how to manage these. We saw that regular checks of maintenance and service records were conducted to make sure these were up to date.

There were sufficient numbers of qualified staff to care for and support people and to meet their needs.

We saw that the provider's staff recruitment process helped to ensure that staff were suitable to work with people using the service. However further security checks on staff during their employment had not been completed.

People were supported by staff to take their medicines when they needed them and records were kept of medicines taken. Medicines were stored securely and staff received annual medicines training to ensure that medicines administration was managed safely.

Staff had the skills, experiences and a good understanding of how to meet people's needs. Staff spoke about the training they had received and how it had helped them to understand the needs of people they cared for.

The provider had taken appropriate action to ensure the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Detailed records of the care and support people received were kept. People had access to healthcare professionals when they needed them. People were supported to eat and drink sufficient amounts to meet their needs.

People were supported by caring staff who knew them well. Personal care was provided in the privacy of people's rooms. People were supported at the end of their lives and had their wishes respected.

People's needs were assessed and information from these assessments had been used to plan the care and support they received. People had the opportunity to do what they wanted to and to choose the activities or events they would like to attend.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. People told us they felt happy to speak up when necessary. From our discussions with the registered manager and deputy, it was clear they had an understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC.

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 safe.

Staff were knowledgeable in recognising signs of potential abuse and the action they needed to take.

Risk assessments were undertaken to establish any risks present for people who used the service, which helped to protect them.

There were sufficient numbers of skilled staff to ensure that people had their needs met in a timely way. The recruitment practices were safe however more checks on staff during employment would be good practice.

At the last inspection the service was rated 'Inadequate'. We have to see good practice for a sustained period to rate 'Good'. Therefore at this inspection we rated this key question 'Requires Improvement'.

We found the registered provider had systems in place to protect people against risks associated with the management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to meet people's needs and preferences. Staff were suitably trained and supported for their caring role and we saw this training put into practice.

People were supported to eat and drink sufficient amounts of their choice to meet their needs. Staff took appropriate action to ensure people received the care and support they needed from healthcare professionals.

The service had taken the correct actions to ensure that the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed.

Is the service caring?

Good ●

The service was caring.

We observed staff treated people with dignity, respect and kindness. Staff were very knowledgeable about people's needs, likes, interests and preferences.

People were listened to and there were systems in place to obtain people's views about their care although some people were not always aware of their plan of care.

People were encouraged and supported by staff to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

Assessments were undertaken to identify people's needs and these were used to develop care plans for people.

Changes in people's health and care needs were acted upon to help protect people's wellbeing.

People told us they felt able to raise concerns and would complain if they needed to.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Policies and procedures were not always accessible for staff. Quality assurance systems were not always completed regularly.

A registered manager and deputy were in place who promoted the good standards of care and support for people to ensure people's quality of life was maintained.

Staff told us they felt well supported by the registered manager and deputy who were approachable and listened to their views.

We found there was a friendly welcoming atmosphere to the home and this was confirmed by people we spoke with.

Moorfield House Nursing 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 took place on 31 January and 16 February 2018, it was unannounced.

The inspection team consisted of one inspector, one expert-by-experience (ExE), a governance specialist advisor and a pharmacist inspector. An (ExE) is a person who has personal experience of using or caring for someone who uses this type of care service. In this case the ExE had experience of working with older people and people with disabilities. At the time of inspection the service supported 42 people.

Before the inspection we reviewed the information we held about the service. This included speaking with the local authority contracts and safeguarding teams and reviewing information received from the service, such as notifications. Notifications are specific events and incidents which the provider is legally obliged to notify the Care Quality Commission about. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed a range of records about people's care and how the service was managed. We looked at four care records for people that used the service and four staff files. We spoke with seven people and two relatives. We also spoke with one kitchen assistant, activities coordinator, six care workers as well as the registered manager and deputy manager. We looked at quality monitoring arrangements, rotas and other staff support documents including supervision records, team meeting minutes and individual training records.

Is the service safe?

Our findings

At the last inspection this domain was rated 'Inadequate'. At this inspection we found improvements had been made. However, we have to see that these improvements can be sustained over a period of time so we rated the service 'Requires Improvement' in this domain at this inspection.

During our inspection we observed people and staff relating well with each other in a relaxed and friendly atmosphere. Comments people gave us when we asked if they felt safe at Moorfield House Nursing Home included, "Yes, I trust the staff and I know they do their best to keep us all safe," "I have been here a while and never felt anything but safe" and "I would be on it if I did not think we were safe here." Relatives commented on the safety of their families, "We came to look round first and I think everyone is safe here" and, "I would be on to the manager straight away if I thought [person's name] was not safe."

People were protected from the risk of abuse. The service had policies and procedures in place to respond appropriately when concerns were raised. The registered manager explained the procedure when making referrals to the local authority.

Staff could explain about the different types of abuse, and the actions they would take to report concerns. Records confirmed most staff had received training in safeguarding adults. The registered manager was aware some staff were due to undertake the training and told us they would be booked on to these courses.

Risks were identified and the actions taken to reduce those risks were clearly available. Staff demonstrated a good awareness of risks people faced and how these were managed. Staff were also able to describe how they would deal with incidents when they occurred. For example, they would document the incident on a paper form and inform their immediate line manager. We were also given an example of how staff had learnt from any falls incidents. These incidents were dealt with on an individual basis, but were all reviewed at the end of the month. This meant themes and trends were identified and actions taken to prevent the risk of reoccurrence.

During the inspection we saw that each person had a call bell in their room to use when they needed assistance. Staff had risk assessed people's ability to press the call bell and had put in place other processes to ensure a person was safe if they were unable to independently request support. These included for example, more frequent staff visits, having the bedroom door open with the person's permission or encouraging them to spend time in the communal areas.

People had individual Personal Emergency Evacuation Plans (PEEPs), relating to their mobility, communication skills and other relevant information that could be needed in an emergency. Staff were aware of the fire emergency plans and these were kept up to date. The fire alarm was tested weekly and fire drills were conducted twice yearly. The provider had arrangements in place to deal with emergency situations to help ensure continuity of service.

We saw that the service had contracts in place for the maintenance of equipment used in the home,

including the fire extinguishers and emergency lighting. The service had up to date gas safety certificates and a five year hardwiring certificate for the electrics. Portable electric items had been tested for their safety annually. Hoists and slings were serviced annually and staff were aware to complete visual checks prior to every use. Infection control was monitored in the service. We saw the environment was kept clean and tidy. Bathrooms were cleaned after use and communal areas were cleared of clutter regularly. The service had an infection control policy in place. Kitchen staff had completed infection control training and adhered to the provider's guidance on infection prevention.

On the day of our inspection there was sufficient staff on duty to meet people's needs. Staff were available, visible and engaging with people. People and relatives commented on the number of staff saying, "There are staff here if you need them," "They are sometimes busy, but they get to you quickly" and, "I like coming to the living room and there is always someone in there." Staff felt there were enough numbers of staff to meet the needs of people and keep them safe. Staff told us sickness and annual absences were covered to ensure sufficient staff were on duty to support people. Staff rotas we looked at confirmed what we were told. Our observations during the inspection indicated at certain times of day, staff became very busy but people were still supported in an unrushed manner.

We looked at four staff member's personal files and saw the necessary steps had been carried out before staff were employed. This included completed application forms, at least two references and Disclosure and Barring Service (DBS) check. A DBS check indicates any cautions or convictions on a person's record as well as a check on the barring list to ensure they were safe to work with vulnerable adults. We noted two of the staffing records we checked showed although staff had their backgrounds checked at the point of employment; no further checks had been carried out. We mentioned this good practice to the registered manager who agreed to make regular checks on staff's background in the future.

Medicines were administered safely and managed well at the home. The service had an up-to-date medicine policy. One nurse told us, "I have worked here for about one year and I had an induction and training on medicines management in care homes". We saw the records of this nurse's induction, medicines training and competency check.

We observed two nurses administering some people's medicines at lunchtime. Both administered medicines safely and in a respectful and friendly way. We looked at the Medication Administration Records (MARs) belonging to 15 of the 42 people living in the service. With one exception, records of administration were completed for all medicines. One person had recently been prescribed an antibiotic and their record indicated this medicine had been given in the right way. Protocols (extra written guidelines) were in place for people prescribed a medicine 'when required'. Protocols described each person's specific needs, enabling staff to give these medicines safely and effectively.

Some people were prescribed moisturising or barrier creams that were applied by carers. We looked at five people's cream charts and saw that the application of creams was recorded. Medicines were stored at temperatures in line with the storage instructions of each medicine. The temperatures of the medicines storage room and refrigerator were monitored daily. Access to the medicines storage room was restricted by a keypad and we were assured that only the nurses knew the code. Controlled drugs (medicines subject to stricter legal controls because they are liable to misuse) were recorded and stored in the way required by law. We checked four controlled drugs (CDs) and found that stock balances were correct. Nurses carried out daily stock checks of CDs. This is good practice in order to minimise the risk of mishandling or misuse.

Is the service effective?

Our findings

At the last inspection this domain was rated 'Requires Improvement'. At this inspection we found improvements had been made.

People were cared for by staff who had the skill and knowledge to support them. People's comments about staff included, "Staff know what they are doing" and "They (staff) have confidence and are clear on what they are doing." Relatives commented, "I'm sure they have training and support as they know what they are doing."

Staff we spoke with felt that they had the knowledge and skills to carry out their roles and responsibilities. Records confirmed that they had recently undertaken training in dementia awareness, continence, nutrition, safe administration of medicines and personal care. Not all staff had received a refresher or initial training in certain subjects. For example, we saw some gaps in manual handling, safeguarding and first aid training. We mentioned this to the deputy manager who told us they would plan in the training for these staff members. One care worker told us "The training is good and lets me know what I need to know."

Staff also completed the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Details of the Registered Nurses [RNs] registration details and Nursing Midwifery Council [NMC] PIN numbers were recorded, and there was a process for revalidation of the RNs and who would confirm their revalidation.

Staff told us they were fully supported by the registered manager and deputy manager. Staff received one to one supervision every three months plus an appraisal once a year. Records we looked at confirmed this. Staff meetings were held monthly and we looked at the minutes of the last two staff meetings held.

The provider had taken appropriate action to ensure legal requirements were followed for the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 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. DoLS protect people when they are being cared for or treated in ways that deprive them of their liberty. People can only be deprived of their liberty to receive care and treatment when it 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.

We saw that staff encouraged people to make their own decisions and gave them the encouragement, time and support to do so. One person told us, "They always ask what I want to do." A relative commented, "When staff come in when I'm there, they are really nice and ask them what they want to do." Where people were not able to make decisions, best interest decisions were made for them with the involvement of their relatives and the relevant healthcare professionals, where necessary. The outcomes of the assessments and

the applications under DoLS were recorded on each person's file and were available to inform staff.

Staff were able to describe the escalation process should a person become unwell and require hospital treatment. Staff had a good understanding of the Do Not Attempt Cardiovascular Pulmonary Resuscitation [DNACPR] orders that were in place for some people. We also saw good evidence of reassessment of several people's DNACPR status. This helped to ensure people's wishes were current and known to staff.

We also saw several applications where DoLS delays by the processing authority were evident, due to an increase in the number of DoLS applications. These delays and the accompanying emails were documented in people's files.

Some people at Moorfield House Nursing Home were independent with some aspects of their care and mobility, and we saw that the provider ensured that any restrictions on people's liberty were kept to a minimum. For example, people were not restricted in their movements or where they wanted to go within the home. We noted some areas of the service had dim lighting making it difficult for people with poor eye sight or dementia to navigate the corridors. The registered manager had identified lighting in their environmental audit and told us they had ordered new bulbs to improve the lighting.

People were supported to eat and drink sufficient amounts to meet their needs. One person said "There is the drinks trolley that comes round. Although I usually just ask staff and they get me a drink." People commented about the meals, "There is a menu and you can ask for something else" and, "I love the food here, really tasty." Relatives commented, "My [relative] tells me the food is good. I haven't seen it but I never hear any complaints."

Staff completed a Malnutrition Universal Screening Tool [MUST] and monitored people's weight, as a way of checking a person's nutritional health. We also saw evidence of food and fluid charts being completed correctly. Staff said they knew who was on a special diet, for example diabetic or soft textured diets, through the person's care records and through daily discussions at staff handover meetings. Staff said they also knew who needed help with eating and drinking and we observed people being helped to eat and drink by staff where needed.

Care plans contained information on people's food preferences, their likes, dislikes, the food consistency and type of drinks they preferred. This meant staff had the necessary information to support people appropriately with their nutrition. One person's care records stated a specific way of supporting the person at meal times. The information was useful to support the management of the person's nutritional care plan. A choking risk had also been identified for this person and there was information available for staff on the emergency management of choking. One person told us they liked Asian food and they had it often. Other people commented that the new cook was willing to take on people's comments and suggestions, for example they now had apple sauce with roast pork. One person said, "The new chef consults us."

People were supported to maintain good health and had appropriate access to healthcare services. We saw evidence in the people's care records of people being referred to and receiving access to other healthcare services, for example the GP, who visited the home on a regular basis, Speech And Language Therapist [SALT], Occupational Therapist [OT], Tissue Viability Nurses [TVN] and a podiatrist. We also saw evidence of referrals to hospital specialists and the appointments attended.

Is the service caring?

Our findings

At the last inspection this domain was rated 'Requires Improvement'. At this inspection we found improvements had been made.

People overall were supported by caring staff. One person commented, "Agency staff sometimes struggle as they don't know us, but the regular staff are great" and, "They are always really nice." Relatives commented, "They make an effort with [person's name]" and, "They have always been kind and polite."

We observed staff engaging with people throughout the day in the communal areas and calling people by their preferred name. We saw staff treating people in a respectful and dignified manner. One relative explained, "Staff know they won't always get a response from [person's name] but, they always talk to them." Another relative said, "Staff are busy sometimes, but they always chat in passing." When staff supported people they offered explanations of what they were doing. Staff told us if people did not want them to do something then they would stop. People told us they knew what staff were doing because they had explained it.

The atmosphere in the home was calm and friendly. Staff took their time and gave people encouragement whilst supporting them. Staff were aware of people's individual needs which enabled them to care for people in the most effective way.

We observed people being encouraged to maintain their independence. For example, we saw one staff member asking a person if they wanted support with walking or if they were ok to do it themselves. People told us staff encouraged them to go to communal areas and join in activities so they could get involved and do more for themselves in the lounge areas.

Staff treated people with dignity and respect. Care plans showed people had been asked which gender of staff they would like to help them with personal care. Staff told us how they maintained people's privacy and dignity by knocking on bedroom doors when they were closed, in case personal care was being given. We observed staff knocking on doors before entering and saw interactions between staff and people which were kind and considerate. However, we observed some nurse call buttons to get staffs' attention were not always near people in the communal areas. One person told us they had to call out loud to staff to go to the toilet. We asked people about this and they told us staff were always around so they never had to wait long.

Is the service responsive?

Our findings

At the last inspection this domain was rated 'Requires Improvement'. At this inspection we found improvements had been made.

People's needs were assessed before they moved into the service and care was planned and delivered in response to their needs. Assessments detailed the care requirements of each person for daily living, including general health, medicines, dietary needs, communication, sleep and continence. People's records included information on the person's background which enabled staff to understand them as an individual and to support them appropriately.

When we asked people and relatives if they had been involved in the writing of the care plans we received a mixed response. Comments included, "Oh yes, they asked me lots of questions before I moved in," "I think I have seen it before, they know what they are doing though" and, "No I don't think I have one." We commented to people that a care plan is a living document and people who the care plan relates to should have access to a copy and they could speak with the manager about this. One person had raised an objection to night staff coming in to check they were all right, and inadvertently waking them up. They told us this had now stopped so they had a good night's sleep. Another person had their decision to have personal care provided by a member of their own sex respected. This showed us the service was responsive to people's needs and preferences.

The care records that we reviewed were generally good. The system for recording care needs was logical and the care records were on the whole completed well. Assessment sheets and care plans we saw had some gaps as not all of the 'boxes' in the care records had been completed. This meant staff did not have all the information they needed to provide care. However, we found no evidence that people had not received responsive care.

Care plans contained information and guidance to help staff know about how people's care and support needs should be met. The information included how a person would like to be addressed, their likes and dislikes, details about their health history, career and past life. The deputy manager told us that people's care plans were developed using the information gathered at the person's initial assessment. We saw evidence in care plans, of staff considering people's needs in the future. For example, a person was identified as not having breathing problems, but staff had assessed the person might be susceptible to chest infections due to their immobility. We saw a care plan had been generated specifically for this. Care records showed moving and handling assessments were completed and care was provided based on the assessment and reviewed monthly. We saw evidence of falls and bed rail assessments being carried out and evaluated monthly to ensure improvements were identified and made where possible.

Assessments of people's tissue viability and Waterlow scores were recorded and preventative action taken. The Waterlow score consists of several factors, a person's build/weight, height, visual assessment of the skin, gender/age, continence, mobility, and appetite, and any special risk factors. These results are brought together to assess a person's risk of skin damage [tissue viability]. Pressure relieving equipment was used in

the prevention of pressure ulcers. Pressure relieving mattresses were in place and there was a process in place for regular checking of mattresses. We saw that turning charts were in place and were completed by staff. There were some gaps in these records, when residents were sat in chairs during the day. It was not clear if residents were helped to relieve pressure during those periods. This is important because regular movement can protect a person's skin integrity. We found this to be a recording short fall and the manager told us they would act on the documentation to improve it.

We also saw evidence in care records that one person's communication, comprehension and cognition skills had been assessed and care plans to address any areas of support that were needed, were developed. Continence assessments were carried out and care plans put in place to support staff to meet people's needs. Other areas, for example, sleeping and personal care needs were also assessed and care planned accordingly. The level of assessments and care planning we saw helped to ensure people received the care they needed.

There was a programme of activities delivered by an activity co-ordinator. We spoke with the activities coordinator who informed us another coordinator was being recruited allowing for more activities during the day. We observed people engaged in individualised activities including chair exercises, with a musician, jigsaws, art work and listening to music. Some people went out to community centres or attended a church service. Where activities were taking place, we saw and heard good interaction between staff and people. There was a board with choices of daily activities people could join in with. On the day of inspection we saw people cooking a meal and painting on canvas. People had a social assessment to find out what they liked to do. This information was collated by the coordinator.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. Staff were able to explain how they managed informal complaints and that they would try and deal with the complaint there and then. If this was not possible they were also able to describe how they would escalate complaints. Most of the staff we spoke with had not been involved in any written complaints and said they would be dealt with by the registered manager of the home.

People and relatives told us they knew who to make a complaint to and said they felt happy to speak up when necessary. One person said, "I didn't complain, but I mentioned about the food and it was changed." People and relatives told us they did have confidence that the new registered manager would deal with their concerns promptly.

People were supported by staff to make decisions about their end of life care. We saw in people's care files that those people, who wished to, had made an advanced care plan. This had been discussed with their family if appropriate and agreed to by the person. The actions the provider had taken helped to ensure people had the end of life experience that they wanted, in the place they wanted it to be given.

Is the service well-led?

Our findings

At the last inspection this domain was rated 'Requires Improvement'. At this inspection we found improvements had been made in some areas but other areas required further attention.

People who lived at Moorfield House Nursing Home knew who the registered manager, deputy and staff were by name and could freely chat with them at any time. People were positive about the staff and managers. One person said, "They are always around and the come and say hello."

Systems and audits were in place but not always robust and effective. We saw evidence of infection prevention audits having taken place and issues raised being completed. The Leeds Community NHS Trust carried out an annual Infection Prevention and Control Audit. The most recent action plan arising from this audit demonstrated that the majority of the 43 required actions for improvement had been completed by 22 June 2017. However, the service had a limited audit programme in place for other areas. For example, we saw evidence of an audit for health and safety conducted by the registered manager on 1 March 2017 which gave a compliance rating of 78%. We also found two 'Periodic Health and Safety Checks' dated 23 August 2017 and 1 June 2017. We were unable to see anything to show us areas of improvement had been rectified.

The provider had basic elements of governance in place; these included policies and procedure documentation. The systems and processes for the implementation and ongoing development and improvement were lacking. For example, it was unclear how staff accessed policies and procedures and how staff fed into policy development and the day-to-day management of the home.

We recommend the provider reviews their audit and governance programme for regularity and effectiveness.

Staff at all levels spoke positively about the home management and told us, "I think we are all well supported by the managers. There had been a lot of changes and I think we are much better now." Staff told us the current managers were very approachable. People and relatives commented and our own observation showed there was a good visibility of the management team within the home. This helped to ensure that the management team were fully aware of what was happening within the service and were available for people and staff when needed.

From our discussions with the deputy manager and registered manager it was clear they had an understanding of their management roles and responsibilities and the provider's legal obligations with regard to CQC, including the requirements for the submission of notifications of relevant events and changes.

Staff also told us there were more formal team meetings between the management and staff. These were recorded so staff unable to attend were aware of what had been discussed. Meetings also took place with the maintenance team and the clinical nurses.

We saw surveys were issued and meetings took place to gain feedback from people, relatives and staff about the quality of the service that was being delivered and to identify areas for improvement. We saw meeting minutes from the last relatives and residents meeting from January 2018. This showed records of people raising their concerns or ideas. Records indicated issues and concerns raised were investigated and responded to. The registered manager and deputy also said they were available at any time to speak with people and relatives and could act on any comments they received.