Cheltenham Care Ltd

The Hawthorns Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 2 November 2016 and was unannounced.

During the last inspection which took place on 26 August 2015 people had not always been provided with opportunities for meaningful activities and interactions which met their individual needs. People's care needed to be more personalised. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice for the provider to address this. The provider wrote to us and told us how and when this regulation would be met. During this inspection we found this regulation had been met.

We made one recommendation during this inspection that the provider review their quality monitoring processes to ensure they were fully effective.

The care home is registered to care for a maximum of 20 people. At the time of the inspection there were 17 people living at the care home. Care was provided to older people of whom some lived with dementia and some had mental health needs. Each person had their own bedroom with washing facilities. There were communal toilets, bathrooms, a lounge and a dining room for people to use. Some adaptions to the environment had been made to support people's needs. The provider was continuing with a programme of refurbishment and re-decoration to improve the environment for people and to ensure it met with relevant regulations.

The registered manager had managed the care home for the last five years. 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.

There were arrangements in place to keep people safe and people told us they felt safe. Risks to individuals were identified and managed. Improvements had also been made to the environment to help with this. Where needed contracts were in place with specialist companies to assist in this. People were protected from potential abuse because staff knew how to recognise potential abuse and how to report their concerns. Where needed, staff also worked with other professionals and agencies to safeguard people. Staff recruitment processes helped to also protect people from those who may be unsuitable to care for them. Staff were provided with relevant training to be able to carry out their work safely and effectively. They had received some additional training in caring for those who live with dementia. People received their medicines as prescribed and when they needed them. The environment was kept clean and any potential infection risks managed.

People's care was delivered to them with their consent and they were supported to make independent decisions. Where people lacked the mental capacity to make specific decisions, these were made on their behalf and in their best interests. People who lacked mental capacity were protected because the staff

adhered to the principles of the Mental Capacity Act 2005. People had a choice in what they ate and drank and when they were unable to maintain their nutritional well-being staff supported them. Staff worked closely with health care professionals to ensure people's health needs were met. People had access to specialists and were supported to attend health appointments.

Staff cared for people in a kind and compassionate way. People were respected and their dignity and privacy maintained. Those who mattered to people were welcomed, appropriately involved and able to speak on behalf of their relative. People's needs were assessed and their care planned and reviewed with their involvement, where this was possible. Individual likes, dislikes, preferences and choices were explored with people and respected when staff supported them. Improvements had been made to provide better opportunities for people to have meaningful interactions and social activities. Staff sought feedback from people about what they wanted to do and if they wanted any changes made to how the service was run.

The management team supported each other and the staff to be able to provide people with a good service. There was an open, transparent and inclusive culture. The quality of the service, its systems, processes and staff practice were all monitored by the managers and improvements made where needed. The provider was actively involved and there were systems in place to ensure they received the information they needed. They however, needed to reassure themselves that they had appropriate process in place to review the effectiveness of the monitoring system that was in use.

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. People were protected against risks that may affect them. Environmental risks were also monitored, identified and managed.

People were protected from abuse because staff knew how to identify this and report any concerns they may have.

There were enough staff to meet people's needs and good recruitment practices protected people from the employment of unsuitable staff.

Arrangements were in place to make sure people received their medicines appropriately and safely.

Is the service effective?

Good

The service was effective. People received care and treatment from staff who had been trained to provide this.

People who lacked mental capacity were protected because the principles of the Mental Capacity Act (2005) were followed.

People received appropriate support with their eating and drinking and were provided with a diet that helped maintain their well-being.

Staff ensured people's health care needs were met.

Is the service caring?

Good

The service was caring. People were cared for by staff who were kind and who supported them in a caring and compassionate way.

People's dignity and privacy was maintained and they were treated with respect.

People's preferences were explored with them and their families in order to and personalise their care.

Staff helped people maintain relationships with those they loved

or who mattered to them.

Is the service responsive?

Good

The service was able to be responsive. People had opportunities to socialise and there were improved arrangements in place for meaningful interactions between people and staff.

Care plans were being improved with more involvement in these by people and their relatives.

There were arrangements in place for people to raise their complaints and to have these listened to, taken seriously and addressed.

Is the service well-led?

Good

The service was well-led.
Quality monitoring processes had led to improvements being made to the service. The provider however needed to be sure they had a system in place which was able to check the on-going effectiveness of these.

The management team involved people and staff in discussions about the running of the service and valued their input. There was an open and inclusive culture.

The management team were open to people's suggestions and comments in order to improve the service further.

The Hawthorns Residential Care 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.

This inspection took place on 2 November 2016 and was unannounced.

Prior to the inspection we reviewed all the information we held about the service since the last inspection. We also reviewed all statutory notifications received since the last inspection. Statutory notifications are information the provider is legally required to send us about significant events.

One inspector carried out this inspection. During the inspection we spoke with four people who lived at the care home and reviewed four people's care records. We also reviewed additional care records which included the medication administration records for three people. We spoke with four staff and the registered manager and reviewed two staff recruitment files. We reviewed the service's staff training record. We reviewed the fire risk assessment and spoke to a representative of the provider about the subsequent fire safety actions completed and planned. We reviewed the service's emergency contingency plan. We also reviewed a selection of quality monitoring audits. These included audits completed on accidents and incidents, medicines and the safe keeping of small amounts of people's personal monies. We had a tour of the building inside and looked at the refurbishment taking place. We also looked at the garden and the condition of the footpaths leading to the exits.

Good

Is the service safe?

Our findings

There were arrangements in place to keep people safe and people told us they felt safe. One person specifically said, "I feel very safe here." One person had recently experienced a fall and we had been notified about this. This person had been assessed as a falls risk on admission and guidance had been recorded for staff about this risk. We explored the circumstances leading up to this accident, how it happened and what actions the service had taken following this to prevent such a reoccurrence.

Accidents, including falls were audited by the registered manager. The last audit completed in September 2016 recorded four falls taking place. Two were by one person. This person had also experienced four falls in August 2016 so they were assessed as being a high risk. We reviewed records which were about the management of this risk and the records of each incident. Some had been witnessed and some not but staff had looked for patterns and trends in the circumstances leading up to each fall. This was to try and determine why they had occurred and to be able to put actions in place to prevent a reoccurrence. Other professionals had been involved in order to provide exercises, equipment and investigation into the person's general health. A pendent alarm had also been provided for the person to use if they were to fall some distance from the nearest fixed call bell point. Similar actions and involvement had taken place for one other person. Care plans for both people recorded adjustments in care as this was needed. Actions had been taken to try and address people's risk of falling.

There were arrangements in place to help protect people from potential abuse. Staff had received training on what abuse may look like and how to report any concerns they may have. The registered manager was visible and people, relatives and staff were able to report concerns to her. The provider's policy and procedures on safeguarding people supported the local authorities safeguarding protocols. This meant any safeguarding concerns the care home had were shared with appropriate agencies that also had responsibilities in safeguarding people. This includes for example, the local authority, the police and the Care Quality Commission. Staff in the care home also worked closely with social care professionals to safeguard people from incidents of abuse that may occur from outside of the care home. We discussed one such case during the inspection with the registered manager.

The care home's recruitment processes also helped to protect people from those who may not be suitable to care for them. Clearances from the Disclosure and Barring Service (DBS) were requested and received back before staff started work. A DBS request enables employers to check the criminal records of employees and potential employees, in order to ascertain whether or not they are suitable to work with vulnerable adults and children. References had also been sought from previous employers and in particular, when past jobs had been with another care provider. Employment histories were requested and the reasons for any gaps explored.

The numbers of staff on duty in the afternoon had been increased since the last inspection. This had been in response to people's increased needs but also to be able to provide social activities in a way people preferred. One member of staff told us this arrangement was better and the registered manager told us they considered the staffing to be adequate. Another member of staff also considered there to be enough staff

and they said, "We have time to interact with people which is nice because where I worked before we didn't." When we asked one person if staff were available when they need them they said, "I'm not used to being waited on but they really look after me. I'm never rushed." In addition to the care staff on duty the registered manager was present in the care home Monday to Friday and often helped to provide personal care and support to people. They were also on call and willing to provide help to staff whenever this was needed.
The needs of the kitchen were covered by the chef and kitchen assistants. Improvements had been made to the kitchen and a high standard of food hygiene had been made. They had just been re-inspected by the Food Standards Agency in the week of the inspection. They had been awarded a rating of '5' the highest rating that can be awarded for food hygiene. This compared to their previous award of '3' where food hygiene was satisfactory but improvements were needed to the fabric of the kitchen. The rest of the environment was kept clean and since the last inspection the cleaning hours had been increased to provide a cleaner on duty at the weekends as well as during the week.

People's medicines were managed safely and they received these when they were prescribed or when they needed them. A medicines audit was carried out on a regular basis. The last audit had been completed in October 2016 and scored 98.9%. The areas audited included the ordering and receiving of medicines, stock control, arrangements for storage and all related records. We observed the administration of some medicines and safe practice was followed. People who were prescribed medicines on a "when required" basis, such as pain relief, were asked if they needed these. A record was kept of when these medicines were specifically administered and if the correct time had elapsed since the last dose these were administered. Additional guidance for these medicines and some others were appropriately available for staff to reference. Medicines were administered to one person at a time to avoid errors. People who wished to self-administer their medicines were assessed and if found capable of doing this safely were supported to do this. One person confirmed they self-administered one of their medicines. The administration of creams and ointments was also monitored to ensure these were applied as prescribed and the appropriate records maintained. One member of staff told us the staff monitored each other's practice. In particular, making sure that the member of staff administering medicines before them had signed the appropriate records. We saw evidence that seven out of the eleven (includes the registered manager) care staff employed had received training to be able to administer medicines. Their on-going competencies in this task were also assessed and checked.

People lived in an environment where actions to improve safety had been taken since the last inspection (and since the provider had taken ownership in 2014). By sectioning off a steep flight of stairs, which people who lived in the Hawthorns did not need to access, removed the potential risks of falls down it. Further actions were planned, for example, to make the footpath around the building safe and to add additional hand-rails outside. The general maintenance was carried out by a member of staff employed to do this. They were also on call when not in the building to deal with urgent or inconvenient situations, for example, a blocked toilet. During the inspection they were involved in the re-decoration and refurbishment of a bedroom.

Numerous health and safety related checks were carried out on a regular basis and actions taken for example, to reduce the risks associated with Legionella. The provider used external specialists to help with this and they also carried out a full assessment of associated risks. A review of the risk assessment was due in January 2017. The same took place with fire safety. Various checks were carried out by staff and specialists were used to service and maintain the fire safety system. We reviewed the fire risk assessment dated March 2016. There were several actions recorded which during the inspection we could not establish if they had been followed up, acted on or completed. We asked the provider to forward evidence to this effect which they did. Some fire safety signs had been taken down during the recent re-decoration of the hallways

so we asked for these to be put back up. We received email confirmation the next day that this had been done. Contracts were in place with various other service providers and specialist maintenance companies. For example, one company maintained and serviced all lifting equipment.

Good

Is the service effective?

Our findings

During the last inspection some staff lacked knowledge and skills in meeting the needs of those who lived with dementia. We had recommended that further training and support for staff be sourced. Since the last inspection staff had received further face to face training about various forms of dementia. They had also received training on how to manage distress in people who lived with dementia. Some staff had also completed further distance learning on the subject. One member of staff told us this additional training had helped staff care for one person who lived with dementia. It had helped them to understand why the person reacted and behaved in certain ways.

All staff received initial training when they first started work. We spoke to a member of staff who told us they had received "lots of support". This initial training included an introduction to the provider's policies and procedures. The staffs' training record showed staff then received regular and on-going training in subjects relevant to the work they carried out. Several staff had completed nationally recognised qualifications in care, for example the National Vocational Qualification – NVQ) with others being supported to do this or to complete a more advanced level. Support (supervision) was provided on a one to one basis by the registered manager to staff.

People were supported to make daily decisions and care and treatment was provided with people's consent. In people's care files was a document headed "My Life Style Decisions" and this recorded what decisions the person had made. It also informed staff about where people needed additional support to make a decision. Staff recognised that people's abilities to make decisions and provide consent altered depending on their health, the circumstances at the time and the decision to be made. Where people could not provide consent or make independent decisions their mental capacity was assessed in relation to the decision that needed to be made. Where people lacked capacity decisions were made on their behalf and in their best interests. The principles of the Mental Capacity Act 2005 (MCA) were therefore followed.

We discussed the outcome of two best interest meetings which had been held in relation to specific decisions which had to be made for two people. These meetings had included staff, the person and social care professionals. One person had been provided with an Independent Mental Capacity Advocate (IMCA) to represent them. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where people's liberty had been deprived in order to ensure they received the care and treatment they required, the staff had appropriately applied for Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). These applications still needed to be processed by the local authority.

People were supported to maintain their nutritional well-being. Where a person required support with eating and drinking they received this. This ranged from feeding a person when needed to reminding them it was time to eat. Risks associated with people's nutrition were identified and managed. One person had lost their motivation to eat and subsequently lost weight. The person's GP had been involved and they had referred them to a dietician. They had provided staff with advice on how to increase the person's calorie intake. This included fortifying their food with extra butter, cream and whole milk powder. At one point staff had needed to feed this person and think of other ways to make each meal appetising. They did this by also using bright coloured plates and small portions so not to overwhelm. Fortified milkshakes had also been provided in-between meals and we were told the person "loved" these. Within six months the care records showed this person had gained weight and maintained this. They had been reviewed by the dietician who had said they no longer needed fortified foods. The registered manager told us, where staff were concerned about a person's food or drink intake they started a food/drink monitoring chart. This enabled staff to review exactly how much the person had eaten and what kind of support they required. Another person was at risk of not maintaining their nutritional well-being due to deterioration in their eyesight. Particular cutlery and crockery had been provided to help the person eat their food and staff continued to monitor this person's intake carefully.

People made choices about what they ate and drank and where they wished to take their meals. The registered manager said, "They can have whatever they like." They told us that staff would get specifically what a person fancied if this helped them to eat. We observed people dining in the dining room, lounge and their bedrooms. We observed one person's meal delivered to their bedroom. This was presented in an attractive way on a tray which was covered with a pretty tray cloth, napkin and salt and pepper. The food was hot and looked appetising. The person said, "It's very pleasant food, very good." We asked another person about the food and they said, "It could sometimes be better."

People had access to health care professionals when needed. One person said, "They ask if you want to see the doctor." The registered manager told us they had good working relationships with local GP surgeries and community nursing teams. One GP visited the care home every other week and alternated their visits with the community nurses. One person had a visit on a daily basis from the community nursing team to administer their insulin and monitor their diabetes. Another person had received wound care from the community nurses who still visited to monitor their skin. Physiotherapist and occupational therapists helped to assess people's mobility and need for equipment. Some people were assessed and monitored by mental health specialists. People were supported to attend hospital appointments by the staff if relatives were not able to do this.

Good

Is the service caring?

Our findings

We asked people if they considered the staff to be caring and compassionate. One person said, "I feel totally cared for here. I really do feel pretty content." Another person, who had stayed for a short-time told us they had felt cared for and also said, "I will come again, I've really enjoyed it." A third person said, "I don't think you could wish for a better home. We [staff and the person] have a laugh, oh they're lovely. Anything you want they will do for you." A member of staff said, "The staff are much nicer to the residents here." This was compared with where they had previously worked. When talking with the registered manager and deputy manager it was clear that people's happiness and well-being was their main concern. The registered manager said, "I just want people to feel cared for." We also observed staff being kind and supportive and people looked at ease in their company.

People were treated with dignity and spoken to in a respectful way. The registered manager told us they did not have a designated dignity champion but said, "All the staff are very good at respecting people and maintaining their dignity." The deputy manager told us they carried out competency assessments on staff and as part of these they checked on how staff maintained people's dignity. We observed people's privacy being maintained. For example, all personal care was delivered behind closed doors and conversations about care and treatment were carried out in private. People's bedrooms were seen very much as their private space and staff knocked on the door before entering.

People were involved in making decisions about their care. If they wished their relatives to be involved in that process staff involved them and equally respected their wish if they did not want this. Where people lacked mental capacity their relatives had opportunities to be involved and to speak on their relatives' behalf. One person's care records showed that a lot of detail had been obtained from a close relative about the person's past life and preferences in order to try and personalise their care more.

Staff recognised people's right to a family life and welcomed relatives and friends when they visited. They supported people to maintain relationships with people who mattered to them. One person told us a little about their family and showed us photographs of their children and friends. These relationships and connections were clearly important to them. They said, "My friends and children can visit me here." Another person's relative had been very poorly and the registered manager and deputy manager had taken them to visit them. They explained that they had wanted to support them. They then took this person to their relative's funeral which the person wanted to go to and could not have done without their support. This demonstrated caring and compassion towards those who lived at the Hawthorns.

Good

Is the service responsive?

Our findings

During the last inspection people had not always had their individual social needs met. People had not always been provided with meaningful activities or opportunities to interact with staff to suit their individual needs. People's care needed to be more personalised. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice for the provider to address this. The provider wrote to us and told us how and when this regulation would be met.

During this inspection we found action had been taken to address this and people's needs were met in a more personalised way. The provider had provided funds for an activities co-ordinator to be employed. This arrangement had not achieved what was needed as people had often changed their minds about taking part in activities or trips that they had previously planned to take part in. The registered manager explained they had discussed with people what it was they preferred to do and they had wanted more opportunities to do things with the care staff. They wanted to take part in activities they enjoyed and chose on the day. To support this approach one member of the care staff had been designated hours during the week to co-ordinate and lead on these activities. This member of staff told us people enjoyed playing board games, cards, having their nails painted, having a head massage and going for a walk but most of all enjoyed being able to "chat" to the staff. One person who preferred to remain in their bedroom said, "I like a game of scrabble and they [staff] come and play with me." Another told us the staff "often" came and chatted to them. Another member of staff said, "It's very different now". They told us staff were able to spend more time with people. A record was also being kept of meaningful interactions with people so staff could evaluate the benefits of this to people.

The registered manager told us they had discussions with people to try and find out what they wanted to do socially. Some people had expressed interest in going to the cinema and out for a meal, but a trip to Weston-Super-Mare had been declined. The registered manager told us people enjoyed being invited to the sister home (which is local) for lunch or to join in an activity that was happening there. They also enjoyed inviting people back to the Hawthorns. At the time of the inspection people had been involved in preparing for a party which was to be held the day after our visit. People had not wanted to do anything for Halloween but liked the idea of a party. People from the sister home were to be invited as well as friends and relatives. The theme was "A Day at the Fun Fair" as people would have remembered it when younger. We were therefore shown a 'face in the hole' image board which people had drawn and painted in preparation. Staff had obtained a coconut shy for the day and the registered manager was going to have wet sponges thrown at them. We received an email from the registered manager telling us the party had been a success.

Alterations were being made to people's care plans. A new format had been introduced and the deputy manager was completing a distance learning course in care planning. She showed us care plans which had been reviewed and re-written. People were being involved in this process to ensure their preferences, wishes and agreements had been included. These were more detailed and personalised and gave staff more guidance on how to respond to people's individual needs. Other care plans reviewed by us showed that these had been reviewed on a regular basis and amended as people's needs altered.

There were arrangements in place for people and visitors to the care home to make a complaint. The complaints procedure was in a prominent position for people to read. The registered manager explained they had only had one complaint in the last year and this had been about them. They explained they had needed to be assertive in following up issues relating to people's health needs and the person they had spoken to about this had complained about them. The registered manager explained that whilst they had found this frustrating, people were entitled to complain and better working relations had subsequently been established.

Good

Is the service well-led?

Our findings

We reviewed with the registered manager and deputy manager some of the improvements made since the last inspection. These had included for example, a new laundry room which was now within the building and easier for staff to use and keep clean, improvements to the kitchen which had subsequently achieved a higher rating award and designated storage for cleaning chemicals which ensured the relevant legislation was met. These had all been part of the provider's overall action plan to improve the service. The fire risk assessment for example, had identified actions required and these were also being met by the provider. We saw other improvements which had taken place in the last year. These included newly fitted bathrooms, replacement floor coverings, the re-decoration of some bedrooms and completion of the re-decoration of some hallways and landings. This work was to be on-going with more improvements planned for inside and for the garden. This on-going refurbishment work was improving the environment for people to live in whilst ensuring the care home met relevant regulations.

We reviewed a selection of audits kept electronically and which could be accessed by the provider. These included audits on infection control, health and safety, medicines and accidents/falls. Very few actions had been needed following these. An audit of people's personal monies had also been completed in October 2016. To protect people living at the Hawthorns this audit had been completed by the registered manager of the sister home. An action had been identified from this. The registered manager showed us evidence that this action had been completed since the audit. Staff practices were monitored through the deputy manager's staff competency checks. Both managers worked closely with staff so this helped to protect people from poor practice. Managers had reviewed the content and effectiveness of the care planning process and had identified that this could be improved and were addressing this. Risk assessments and the information and guidance they gave were also being improved. The deputy manager had completed a specific course on risk assessing to ensure they had the correct knowledge to do this. These actions showed that managers were consistently monitoring their systems and staff practices and this had led to improvements being made.

A weekly management report was completed by the registered manager and forwarded to the provider. This included information about staffing hours and numbers of vacancies which the provider needed. It also included other information about people's risks and how these were managed. For example, information relating to pressure ulcer risks, complaints if received and an update on people's weights. All this information was then followed up with the registered manager, at the Director's discretion, during their weekly visit to the care home. These arrangements, along with their weekly visit, helped the provider to make informed decisions and to be aware of what support was needed by the care home.

There was no evidence to show the provider was checking the information the audits were providing. This had previously been completed by the operations manager who had carried out their own checks to test the effectiveness and completion of the auditing process. This ensured full oversight of the quality monitoring process both by the managers within the care home and by the provider. However, effective improvements had taken place in the service and were continuing so this was obviously not having a negative impact on the effectiveness of the process in place.

We recommend that the provider, seek advice from a reputable source, to ensure robust oversight of the quality monitoring processes are in place.

Prior to the inspection we were aware we had not received any notifications from the service in respect of people's deaths or allegations of abuse. We explored this with the registered manager and two people had died. However, they had passed away in hospital and not for reasons that needed to be notified to us. The registered manager confirmed there had been no incidents or allegations of abuse to report.

The registered manager had managed the Hawthorns for five years and two years under the current provider. They told us there remained a good working relationship between them and the provider. The provider had two care homes locally and the registered manager told us they had daily contact with the registered manager of the sister home. The company's Director visited the care home once a week. The registered manager told us the Director continued be supportive of them and the Hawthorns. They told us that in needing to review the care home's resources following the last inspection, there had been "no problem" in the provider giving their "full support" to address this in a way that best suited the people who lived there. They also confirmed that future plans were always discussed with them. They said, "It's sometimes been difficult to prioritise what to do next. What are priorities to me can be different to those of [name of Director]." They told us they understood that the Director's role was to ensure monies were spent correctly. They confirmed that there were always opportunities to meet and discuss things. They said, "The challenge is to keep improving the service."

The registered manager communicated her visions and expectations to the staff as she worked with them. They explained they were a small team and these were discussed during staff hand-over meetings or at other times when she was working with the staff. They explained that staff had been told that they could contact her at any time if they needed to. One member of staff confirmed they had been told this. An on-call rota for emergencies was in place and alternated between the two registered managers and the Director.

Although feedback on the service had been consistently sought and received by the registered manager, the deputy manager had started regular meetings with people to also seek their feedback. They encouraged people to tell them what they thought of the service, if they wanted any changes in how things were done and if they had any suggestions and ideas that could be put into place. Both told us people were very involved in making decisions about what happened in the care home. This was achieved through small group discussions or on an individual basis when staff chatted with individuals. One example of where people's feedback was included and which then contributed to decisions made was in the employment of new staff. The registered manager told us people had been asked if they wished to be part in the staff interview process and they had declined. However, as part of this process the potential new member of staff meets the people who live in the care home and people's feedback on them is taken into consideration before a decision to employ is made.

In the last year satisfaction questionnaires had been sent out and the information collated. We were informed that the feedback received was mainly around how people made their food choices. The registered manager told us people had always been involved in deciding what was on the menu but they had requested more choice. However, when their suggestions had been added to the menu they had altered their minds. To ensure people had a true choice on the day they ate, managers had settled for two options and a range of alternatives for lunch. People could also have what they individually wanted for breakfast and tea. The registered manager reiterated that if someone fancied something on the day that was not in stock, staff simply went to the local supermarket and purchased it.