Midplant Limited

Promenade Care Home

Inspection report

10-12 Promenade
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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

Overall summary

The inspection took place on 18 and 19 May 2015 and was unannounced.

The Promenade Care Home is registered to provide residential care for up to 49 older people. Accommodation is provided in 48 single rooms and one double room, the majority of which have ensuite bathrooms and all are equipped with a call system. There were 42 people living at the home at the time of our inspection. Communal living areas include a large dining room and lounge on the ground floor. A lift is available for access to the upper floors and lower ground floor. There is a large enclosed garden to the rear of the building. Both front and rear entrances have disabled access. The home is situated on the promenade in a central location in Southport town centre, close to shops and a variety of amenities.

A registered manager was in post. 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.

Summary of findings

Staff understood how to recognise abuse and how to report concerns or allegations.

There were enough staff on duty at all times to ensure people were supported safely.

We saw the necessary recruitment checks had been undertaken so that staff employed were suitable to work with vulnerable people.

Staff said they were well supported through induction, supervision, appraisal and the home's training programme.

People told us they received enough to eat and drink, and they chose their meals each day. They were encouraged to eat foods which met their dietary requirements. One person told us, "The food is very good here, I get a choice."

People's physical and mental health needs were monitored and recorded. Staff recognised when additional support was required and people were supported to access a range of health care services.

People told us they had choices with regard to daily living activities and they could choose what to do each day. They told us staff treated them with respect.

Staff we spoke with showed they had a very good understanding of the people they were supporting and were able to meet their needs. We saw that they interacted well with people in order to ensure their received the support and care they required.

We saw that staff demonstrated kind and compassionate support. They encouraged and supported people to be independent both in the home and the community.

We saw that people's person centred plans and risk assessments were regularly reviewed. People had their needs assessed and staff understood what people's care needs were. Referrals to other services such as the dietician or occupational therapist or GP visits were made in order to ensure people received the most appropriate care.

People living at Promenade Care Home told us they were involved in the decisions about their care and support, and in choosing what they wanted to do each day.

The home had a complaints policy and processes were in place to record and complaints received to ensure issues were addressed within the timescales given in the policy.

The registered manager provided effective leadership in the home and was supported by a clear management structure.

We found an open and person-centred culture within the home. This was evidenced throughout all of the interviews we conducted and the observations of care.

There were systems in place to get feedback from people so that the service could be developed with respect to their needs.

We received positive feedback from health and social care professionals who told us the home worked well with them and liaised to support people's on-going health and social care.

The service had a quality assurance system in place with various checks completed to demonstrate good practice within the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff understood how to recognise abuse and how to report concerns or allegations.

There were enough staff on duty at all times to ensure people were supported safely.

Recruitment checks were undertaken to ensure staff were suitable to work with vulnerable people.

Medication was stored securely and administered safely by trained staff.

Good

Is the service effective?
The service was effective.

Staff said they were well supported through induction, supervision, appraisal and the home's training programme.

People told us they received enough to eat and drink and chose their meals each day. They were encouraged to eat foods which met their dietary requirements. One person told us, "The food is very good here, I get a choice."

People's physical and mental health needs were monitored and recorded. Staff recognised when additional support was required and people were supported to access a range of health care services.

Good

Is the service caring?
The service was caring.

People told us they had choices with regard to daily living activities and they could choose what to do each day. They told us staff treated them with respect.

Staff we spoke with showed they had a very good understanding of the people they were supporting and were able to meet their needs. We saw that they interacted well with people in order to ensure they received the support and care they required.

We saw that staff demonstrated kind and compassionate support. They encouraged and supported people to be independent both in the home and the community.

Good

Is the service responsive?
The service was responsive.

People had their needs assessed and staff understood what people's care needs were. We saw that people's person centred plans and risk assessments were regularly reviewed.

Good

Summary of findings

Referrals to other services such as the dietician or occupational therapist or GP visits were made in order to ensure people received the most appropriate care.

People living at Promenade Care Home were involved in the decisions about their care and support.

The home had a complaints policy and processes were in place to record and complaints received to ensure issues were addressed within the timescales given in the policy.

Is the service well-led?

Good

The service was well led.

The registered manager provided an effective lead in the home and was supported by a clear management structure.

We found an open and person-centred culture within the home. This was evidenced throughout all of the interviews we conducted and the observations of care.

There were systems in place to get feedback from people so that the service could be developed with respect to their needs.

We received positive feedback from health and social care professionals who told us the home worked well with them and liaised to support people's on-going health and social care.

The service had a comprehensive quality assurance system in place with various checks completed to demonstrate good practice within the home.

Promenade 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.

The inspection took place on18 and 19 May 2015 and was unannounced.

The inspection team consisted of an adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service before we carried out the visit. Prior to the inspection the provider had submitted a Provider Information Return (PIR) to us. The PIR is a document the provider is required to submit to us which provides key information about the service, and tells us what the provider considers the service does well and details any improvements they intend to make. We looked at the notifications and other information the Care Quality Commission had received about the service. We contacted also one of the commissioners of the service to seek their feedback about the service.

During the inspection visit we spoke with seven people who lived at the home and two visiting relatives. We also spoke with three care staff, the housekeeper, a chef, the activities coordinator and members of the management team. We also spoke with a visiting health care professional. Following the visit we contacted three healthcare professionals who visited the home and sought their feedback on the service.

We spent time observing the care provided to people who lived at the home to help us understand their experiences of the service.

We viewed a range of records including: the care records for four people who lived at the home, five staff files, records relating the running of the home and policies and procedures of the company.

We carried out a tour of the premises, viewing communal areas such as the lounge, dining room and bathrooms. We viewed some of the bedrooms. We also looked at the kitchen and laundry facilities, and medication storage area.

Good

Is the service safe?

Our findings

People told us they felt safe at the home. Their comments included: "I just feel safe here, that's why I like it", "There's plenty of staff to come to my assistance if I need it", "They [staff] seem well trained and motivated" and "Everybody's very friendly, they come and ask you if you want anything." We asked people what made them feel safe. They told us the security of the home, the atmosphere and the staff made them feel safe living in the home.

Family members we spoke with told us, "The staff are very concerned about people and they look after them" and "My relative is never left on her own", "It's taken a weight off my mind, my relative being here."

An adult safeguarding policy and procedure was in place. The policy was in line with local authority safeguarding policies and procedures. The staff we spoke with clearly described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported.

Training records confirmed staff had undertaken adult safeguarding training within the company's recommended guidelines.

All of the staff we spoke with were clear about the need to report through any concerns they had. One staff told us, "I wouldn't hesitate to report anything or anyone to the manager."

We found care plans and risk assessments had been completed. Having these records in place helped staff to support the person in a consistent way and to ensure their safety and the safety of others in the home. The care records we looked at showed that a range of risk assessments had been completed depending on people's individual needs. These included mobility, night care, nutrition, use of bed rails and having dementia. We found these records were reviewed each month to ensure the information recorded was accurate and met people's needs.

Our observations showed people were supported safely by the staff. During our inspection the manager was on duty with, a senior carer, five care staff, chef, kitchen assistant, three domestic staff and maintenance person. During the evening the home was staffed with a senior carer and four care staff, with a senior carer and three care staff during the night.

We looked at the staffing rota and this showed the number of staff available. The staff ratio was consistently in place to provide necessary safe care. The registered manager told us they did not use an assessment tool to determine the numbers of staff required to support people who lived in the home. They said the home was staffed with the same number each day irrespective of the number of people living in the home; they said "This is a stable staff complement; staffing will increase if people's needs increase." The provider's staffing policy stated, "Additional staff are called at 'peak times' if necessary. The staffing statement read, "The provider is committed to ensuring that staffing levels are appropriate for the number of residents cared for to meet their assessed need." However, we did not find any evidence that assessments were completed to reassess the need for additional staff. Regular completion of a needs assessment would give the manager evidence that enough staff were provided to meet people's needs.

We asked people who lived in the home if they felt there were enough staff. Some of their comments included, "The majority of the time there are enough staff; the odd times at weekends they're busy but not enough to jeopardise people", "Yes I don't have long to wait", "They're a bit short staffed at the moment; staff come to me as soon as they can", "There's a shortage especially at meal times; we get called to sit down and we wait and wait." Several of the people who lived in the home felt staff were busy and did not have time to sit and talk to them.

Relatives told us there were sufficient numbers of staff to support the people who lived at the home. A relative told us, "There always seems to be a lot (of staff)."

Staff we spoke with told us that sometimes there was only time to 'do the basics' when supporting people.

We found that staff responded quickly to the call bells and people told us they didn't have to wait long for assistance if they needed it.

We looked at how staff were recruited to ensure staff were suitable to work with vulnerable people. We looked at five staff personnel files. We found that appropriate checks had been undertaken before staff began working at the home.

Good

Is the service safe?

We found application forms had been completed and applicants had been required to provide confirmation of their identity. Applicants attended two interviews; the second interview panel included someone who lived in the home. We saw that references about people's previous employment had been obtained and Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff working at the home. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff.

Medication was managed appropriately and safely. We observed one occasion when the medicines were administered. We found that medicines were administered by suitably trained staff. The medication administration records (MAR) we looked at were completed to show that people had received their medication. Staff ensured the medicines trolley was locked when unattended. Staff waited with people until they took their medication. This helped reduce the risk of errors occurring and ensured medication was taken. We observed that one care staff completed the MAR's before each individual administration. We brought this to the registered manager's attention during the inspection. This practice does not ensure the safe administration of medication as errors may occur if staff are interrupted before giving the medication or if the person refuses to take the medication prescribed for them and the records then have to be amended.

We checked the training records for the staff on duty and found they had received training for the safe administration of medication. The registered manager told us that they and the senior care staff are completing additional medication training which included an examination. This helped ensure they had understood their training. We saw copies of this information.

We found that medicines, including controlled drugs were stored safely and adequate stocks were maintained to allow continuity of treatment. Regular monthly medicine audits were completed by the registered manager to help ensure that any shortfalls or errors would be promptly identified and addressed. Any medication errors were listed and addressed by the registered manager.

Incidents that affected people's safety were documented and audited (checked) each month to identify trends, patterns or themes. We saw that where required referrals had been made to the necessary health care professional. The actions had been taken in a timely manner to reduce the risk of re-occurrence and help ensure the person's on-going safety and wellbeing. These were however not documented on the audit action plan. We informed the registered manager of this at the time.

Policies and procedures were in place to control the spread of infection and domestic staff were required to follow. The home employed a housekeeper who managed a team of laundry and domestic staff. One domestic staff member was allocated to and responsible for cleaning and maintaining each floor of the home. We visited some bedrooms. We found a cleaning schedule in place for each room and saw evidence that the schedule was adhered to. The housekeeper completed regular audits to ensure the home was clean and that staff were following Infection control guidance. We found the home to be clean and this included the laundry room and kitchen.

We found that all areas of the home were safe, clean and well maintained. Records were kept to ensure the quality and safety of the premises. We saw that the fire fighting equipment and the fire alarm were tested each week and emergency lights tested each month. We saw service contracts were in place for the passenger lift, clinical waste and legionella.

Good

Is the service effective?

Our findings

People who lived at the home gave us good feedback about the staff team and the care and support they provided. One person told us, “Staff send for my doctor if I am unwell.” Relatives we spoke with told us they were satisfied with the care their family member received.

Staff had had a good awareness and knowledge of people’s needs. People appeared comfortable and relaxed with the staff.

Staff told us they felt well supported and trained to meet people’s needs and carry out their roles and responsibilities effectively. One staff member we spoke with told us they had regular training, supervision and an annual appraisal. Information regarding new people who came to live in the home was shared with staff and discussions were held at ‘handovers’ and by reading the report book. Staff told us this helped them understand people’s support needs.

The manager had knowledge of the Mental Capacity Act (2005) and their roles and responsibilities linked to this. We spoke with the manager about how they would support a person to make a decision when there was a concern about their mental capacity to do so. The manager had a good understanding of this. The manager told us most of the staff had been provided with training on the Mental Capacity Act (2005). They advised us that there was one person living at the home who was subject to a Deprivation of Liberty Safeguard (DoLS). Applications had also been made in respect of others. The Deprivation of Liberty Safeguards (DoLS) is a part of the Mental Capacity Act (2005) that aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

We found people had given their consent for staff to support them with personal care. We found they had been involved in the drawing up of their risk assessments and care plans and showed their agreement by signing the documents.

Training records we looked at showed us that most of the care staff and the manager had completed a national vocational qualification (NVQ). Eleven staff had NVQ level 2, 15 had NVQ level 2 and 3 and three staff had achieved NVQ at level 4. The registered manager informed us that domestic staff were expected to complete the NVQ level 2.

We viewed five staff files which contained induction and training information. Training records showed us that staff regularly received mandatory (required) training in a range of subjects such as: safeguarding vulnerable adults, health and safety, infection control, moving and handling, fire safety, first aid, and food hygiene. Other training courses staff had attended included ‘the principles of dementia and diabetes. The provider had introduced the new care certificate for the induction of new staff. We found existing care staff were in the process of completing the care certificate to give an experience of the course content. From April 2015, new health and social care workers should be inducted according to the Care Certificate framework. This replaces the Common Induction Standards and National Minimum Training Standards.

We saw that staff had received an appraisal in March 2014 and regular supervision. We found that the registered manager completed an annual 'DBS update' with all staff. This was a declaration signed by the staff that they had not been convicted of any criminal offences during that year. This was good practice as it helped ensure that staff were suitable to continue to work with vulnerable adults. Failure to disclose an offence was a disciplinary matter and the staff member could be dismissed for failing to tell their employer.

People who lived at the home had a care plan which included information about their dietary and nutritional needs and the support they required to maintain a healthy balanced diet. People’s likes, dislikes and preferences for food and meals were documented in their care plan. The chef said that they were aware of people’s dietary needs and they told us how they accommodated these. For example, people who had diabetes were provided with alternative meals or desserts as appropriate. People with a vegetarian diet had recently met with the chef to design their own menu according to their likes and dislikes.

The chef also knew people’s individual likes and dislikes and told us how they accommodated these to ensure people were provided with meals which they enjoyed. We asked the chef how people made their meal choices. They told us staff visited everyone in the home each evening to discuss the following day’s menu with them. A record was

Good

Is the service effective?

made of their choice. We saw the menu for the whole day was displayed outside the dining room. There had been a change to the lunch menu on the first day of our inspection that was not recorded on the menu board.

We spoke with several people who lived in the home about the meals they received. Their comments included," I enjoy most of it. If I don't like it I tell them (staff) and they'd have a good try to get me something different", Overall it's not too bad, it varies", "It's not to my taste", I enjoy the food but I can't eat a lot."

We asked people who lived in the home if they received enough to eat and drink throughout the day. One person told us, "There is always water, juice or tea available. Another person told us they received supper each evening. We saw fresh fruit was available in the lounge area. People we spoke with knew it was there to eat if they wished.

We observed people having their lunch on the first day of our inspection. We found people received their main course with vegetables served separately. People had to wait a while for their vegetables and had started to eat their meals before they received the vegetables.

We observed that the staff did not interact much with people when serving their meals and clearing their plates. One person who had only eaten half of their meal had their plate taken from them; they were not asked why, or if they preferred an alternative. People were served soup as a starter; we noticed the soup was very hot when served and staff did not warn people about this. We saw some people who benefitted from staff prompting and encouragement to eat their meals, however, this was not provided throughout their meal. We saw that one person did not eat much of their meal as a possible consequence. We also observed that some staff took their own lunch breaks at the time lunch was being served. This meant that there were less staff available to help support people and serve meals. We brought this to the registered manager's attention at the inspection.

The chef told us that most of the food was homemade, including cakes and puddings. We saw healthy alternatives available such as yoghurts and fresh fruit. People were served hot drinks throughout the day. We observed they had both a hot and cold drink with their lunch.

We saw that people who lived in the home had plenty to eat and drink during our inspection. This helped ensure that people did not become dehydrated or hungry.

We saw, from the care records we looked at, local health care professionals, such as the person's GP, dietician and district nursing team were regularly involved with people. We spoke with a visiting health professional after our inspection. They also told us that staff always carried out their instructions or followed their advice about how to support people. They said they always found the staff knowledgeable about the people who lived in the home and referred for advice or assessment promptly.

The home was fully accessible and aids and adaptations were in place to meet people's mobility needs, to ensure people were supported safely and to promote their independence.

Good

Is the service caring?

Our findings

People who lived at the home told us staff were caring. Some of the comments included: “I can’t fault the staff one iota”, The staff are very kind”, “I am treated with respect; staff knock on my door and they always close the bathroom door when I’m having a bath.” Relatives we spoke with confirmed that staff treated their family member with respect.

We observed the care provided by staff in order to understand people’s experiences of care and help us make judgements about this aspect of the service. We saw that staff were caring and showed concern for people’s welfare. They spoke about the people they supported in a caring way. We observed that staff took their time when supporting people. Throughout the inspection we observed staff supporting people who lived at the home in a dignified and respectful way. We saw staff respond in a timely way so people did not have to wait if they needed support. We noted there was positive interaction between people and staff. We heard staff taking time to explain things clearly to people in a way they understood.

We spoke with three staff and they were able to describe people’s individual needs, wishes and choices and how they were supported. All staff called each person by their name when they spoke to them.

People who lived in the home were supported through the local advocacy service to ensure their views were represented with health and social care professionals where they did not have friends or family to advise them. Details of the contact details for the advocacy service were displayed in the hallway of the home.

The home had computers for people to use. People were assisted to keep in touch with their family members by using email or Skype.

We spoke with a health care professional who was visiting the home during our inspection. They told us in their opinion the home provided good end of life care for those people who required it. We saw that staff had completed the ‘6 steps to Success End of Life Care’ training in 2013.

Good

Is the service responsive?

Our findings

We found that people received the care and support they needed. Before people came to live in the home the registered manager visited them and completed an assessment. This was to ensure that their care needs could be met at the Promenade Care Home before they were admitted to the home.

We looked at the care plans for five people who lived in the home. We found that care plans and records were individualised to people's preferences and reflected their identified needs. They were very detailed and had been completed for many aspects of peoples care and health needs. For example, risk assessments had been completed in areas such as falls, skin and pressure care, bed rails, moving and handling and mental capacity. This helped demonstrate that people received with good and effective care and support which met their needs. Staff had completed a one page profile called 'This is me' with people and/or their family members. This recorded comprehensive information about the person's daily routines, their likes and dislikes; what they like to do each day and any personal preferences regarding taking medication and how would like to be supported by staff.

People who lived in the home told us about their daily routines. They said they were able to get up and go to bed at times that were preferable to them. We found some good examples of how people who lived at the home had been well supported with their health needs, particularly end of life care and people who needed professional input with their diet.

We found the staff responded appropriately and swiftly to changes in people's needs and made appointments or referrals to professionals in health and social care. We saw evidence in the care records of the appointments people had attended with for example, a GP, district nurse, dietician, optician, chiropodist and dentist.

We could see from the care records that people's key workers reviewed their care needs on a monthly basis to ensure care plans and risk assessments were up to date and that support was being provided as needed. We spoke with a visiting health professional during our inspection. They also told us that staff always carried out their instructions or followed their advice about how to support people. They said they always found the staff knowledgeable about the people who lived in the home and referred for advice or assessment promptly.

The home employed a team of activity coordinators. They told us about the different activities that were provided for people who lived in the home. A weekly timetable for the activities was displayed on the notice board in the hall way. Activities included aromatherapy, manicures, music, quizzes, bingo, exercises, art and crafts, board games and discussion with the newspapers about current events. They told us, "We celebrate anything we can." We saw photographs from recent VE day celebrations. Family quiz nights were also held, as well as the home being involved in the 'Inter-home quiz league', which involved a weekly quiz held at a different care home.

We saw some people who lived in the home spent time in the bedrooms or not joining in any activities. We spoke with them and they confirmed this was their preference. One person told us "I have been asked but I don't want to join in; you don't feel pressured." Another said "I watch TV and I like to read." We saw that some people went out into the local community with family and friends. One person told us, "I go out quite a lot." Another person told us, "I go into town, have a coffee and meet a friend."

The home had its own vehicle and trips out to various destinations were arranged three times a week. On the first day of our inspection some people went on a trip to a pub in the countryside. We spoke with some people who went on the trip on their return. They told us they had really enjoyed it and "had eaten a lovely lunch." For people who had not gone on the trip no other activities were arranged that day. On the second day of our inspection we saw people enjoying a music 'guess the intro quiz' and singing.

The activity coordinator used the area by the hairdressing salon into a coffee bar area. Drinks and cakes were provided and we saw people sitting at the table chatting with one another, both before their hair appointment and afterwards.

People who lived in the home told us that there used to be a trolley that staff brought around where they could but sweets and chocolate and toiletries but this no longer happened and they did not know why. One person told us that they used this opportunity to buy their toiletries as

Good

Is the service responsive?

they did not have any family members to bring them in for them. We brought this to the manager's attention during our inspection. They told us it was the activity coordinator who organised this and was not aware it had stopped.

The home produced newsletter every few months for people who lived in the home and their family members. The newsletters showed the activities that had taken place and plans for future events and were a good way of informing people what was going on in the home.

People who lived in the home were involved in the running of the home. Meetings with the activities coordinator and the chef were held regularly; we did not see any minutes from any meetings. One person told us that suggestions they make are taken on board.

The provider had a complaints procedure which was displayed in the hallway for everyone to see. We saw that action had been taken to investigate complaints and resolve them to people's satisfaction. The registered manager told us there were no complaints currently being investigated. People we spoke with who lived in the home told us there did not have any complaints. One person told us "I know how to but haven't made one; they're very good." Another person told us they had made a complaint and staff had sorted it out for them.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. We received positive feedback from everyone we spoke with about the manager and the running of the home. We spoke with people who lived in the home. Their comments included; "The manager is very good, you can talk to her", "From what I've seen I'm quite impressed", "Yes nothing is too much trouble for them and "Overall it is well run."

A relative we spoke with said, "It seems to be well run."

Staff told us they received positive and on-going support. A member of staff said to us, "There is a good strong leadership team here. They wouldn't ask you to do anything they wouldn't do themselves." Other staff we spoke with spoke about their work with great enthusiasm.

Staff meetings were held but the manager said they were 'not very often'. We looked at the minutes from the last meeting held in February 2015 The registered manager and the deputy manager met regularly with the senior care staff. The registered manager also met regularly with the company directors.

We enquired about the quality assurance systems in place to monitor performance and to drive continuous improvement. The manager was able to show us a series of quality assurance processes both internally and external to Promenade Care Home to ensure improvements were made and to protect people's welfare and safety.

An audit completed by a pharmacy was completed in June 2014. They found no issues with the administration of medication procedures at the home.

The home had received a 5 star [very good] food hygiene rating in April 2014.

We saw that the manager completed monthly checks of medication stock and medication administration records and a monthly health and safety audit, which included checks of bedrooms. Other audits were completed by the department leaders for the kitchen, maintenance and infection control; care plans were audited each month by people's key workers. These audits included a checklist to ensure the work was completed.

We observed quality audits had been completed during 2014/2015 related to gas and electrical appliance testing, fire prevention equipment, passenger lift and the heating and water system. This assured us that people who lived in the home were supported and living in a safe environment.

A process was in place to seek the views of families and people living at the home about their care. Questionnaires were given to approximately six residents each month for their comments on all aspects of the care, the home and activities. However, we received a mixed response to the completion of the questionnaires from people who lived in the home. Some said they had no completed any whilst another person felt some of the questions being asked were 'a bit sensitive'. An independent audit was being carried out in during our inspection. The results from the survey from people who lived in the home were shared with us. We saw there had been a good response to the survey. Responses from people who lived in the home were positive in relation to the cleanliness of the home, staff attitude towards them and social activities.

Staff completed an annual questionnaire. The results showed their opinions about their work environment, the support they received and how they met people's care needs. Staff rated this mostly very good to excellent.