

Wishmoor Limited

Gold Hill Residential Home

Inspection report

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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

The inspection took place on the 25 and 26 October 2017 and was unannounced.

Gold Hill provides accommodation, and personal care for a maximum of 40 older people. On the day of our inspection there were 27 people living at the home. Bedrooms, toilets and bathrooms were situated over four floors with stairs and a passenger lift providing access to all floors.

There was a new manager at this home who was in the process of applying to be registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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 our last inspection in April 2017 we found the provider needed to improve how they supported people in a safe way and how they ensured people received person centred care. We also found the provider did not have effective arrangements in place to monitor and improve the quality and safety and welfare of people using the service. This was a breach in Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to tell us how they were going to make these improvements.

At this inspection we found improvements had been made however these had not been fully completed or sustained.

We found some areas of the home were not suitably clean. For example the kitchenette used for food preparation by staff and people living at the home was not regularly deep cleaned. We saw areas needed cleaning to ensure people were not put at risk of infection. The new manager responded straight away and took appropriate action to ensure improvements were made and implemented regular checks to sustain an improved environment.

People told us they felt safe because staff knew them well and were available when they needed them. Staff understood how to recognise potential abuse and where they needed to report any concerns to. People had risks to their wellbeing identified and staff knew how manage these risks to people's safety. People told us

there were sufficient staff to meet their needs. The provider used safe systems to recruit new staff. People's medicines were stored securely and administered as prescribed. Staff had been trained and observed safe practice when administering medicines.

People told us they enjoyed the food and were offered healthy choices. We saw people were offered visual prompts to support their decisions about their meal choices. Staff adapted how they communicated with people to ensure they understood the choices they were offered.

People were asked their permission before they were supported and their wishes respected. Where people needed support with some decisions the new manager involved appropriate people who had the person's best interests at heart. The new manager had regular meetings to ensure they maintained an over view to identify and changes in people's needs.

People and their relatives were assured that health and social care professionals were involved when they were needed. The district nurse we spoke with said appropriate referrals were made and staff followed their guidance.

People had caring relationships with staff, and they knew each other well. People enjoyed the company of other people living at the home and staff supported them to do this. Opportunities for people to follow their own interests and social activities had increased, however this was still under development by the management team.

People had their individual needs met, and staff responded to changes in their care needs appropriately. People felt they were listened to and the management team had made improvements. Relatives were confident to report concerns and felt they were actioned appropriately. There were systems in place to manage people's concerns and complaints and we saw these were completed and outcomes shared with staff. The new manager actively sought information about any concerns or suggestions for improvements and took action in a timely way.

People were regularly asked for their views about how the service could be improved, they told us they were happy at the home and staff met their needs.

The provider had made improvements to the systems to monitor the quality of care provided. However shortfalls in the cleanliness were not consistently identified and actioned. Improvements to the monitoring of the quality of care were still in their infancy and had not been sustained.

The new manager sought feedback from people living at the home and their family and friends. The responses were overall positive and any suggestions were actioned to drive up standards of care.

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 not always safe

People did not consistently benefit from an environment which was effectively cleaned. Areas of the home needed more consistent cleaning. People were supported to feel safe and secure and staff knew how to recognise signs of potential abuse and how to report them. People were supported with their medicines by trained staff.

Requires Improvement 

Is the service effective?

The service was effective

People were confident staff were knowledgeable about how to support their needs. When people needed support with decisions there were systems in place that respected their rights. People were confident staff contacted health care professionals when they needed them.

Good 

Is the service caring?

The service was caring.

People were supported by staff who were caring and knew them well. Staff used different methods of communication to ensure people could understand their choices. People's histories, likes and dislikes were known by staff improved how they supported people.

Good 

Is the service responsive?

The service was responsive.

People had their individual needs met and were happy with their support. The provider had increased resources to provide interesting things for people to do. People were supported by staff who listened and were adaptable to their needs. People and their relatives were confident that any concerns they raised would be responded to appropriately.

Good 

Is the service well-led?

The service was not always well led.

The provider had made improvements to systems to monitor the quality of care people received. However these were not always effective at identifying shortfalls in the cleanliness of the environment people lived in. Quality checks were not yet embedded and we could not be assured of their effectiveness. People and staff were confident the new manager would progress improvements to the quality of care provided.

Requires Improvement 

Gold Hill Residential Home

Detailed findings

Background to this inspection

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

We made an unannounced inspection on 25 and 26 October 2017. The inspection team consisted of one inspector, a specialist adviser who was a specialist in nursing, and an expert by experience. The expert by experience had experience of older people's dementia care.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required to send us by law about important incidents that have happened at the service.

We asked the local authority if they had any information to share with us about the services provided at the home. The local authorities are responsible for monitoring the quality and funding for people who use the service. Additionally, we asked Healthwatch if they had any information to share with us. Healthwatch are an independent consumer champion, who promotes the views and experiences of people who use health and social care.

We spoke with ten people who lived at the home and three relatives and family friends. We observed how staff supported people throughout the day. We used different methods to gather experiences of what it was like to live at the home. We observed care to help us understand the experience of people who could not talk with us.

We spoke with the new manager, the deputy manager and 11 staff. We also spoke with a member of the district nurse team who regularly supported people living at the home. We looked at eight records about people's care and one staff file. We also looked at complaint files, minutes from meetings with staff, and

people who lived at the home. We also looked at quality assurance audits and action plans to improve the quality of the service provided.



Our findings

When we last inspected in April 2017 we found there were shortfalls in the arrangements made to assist in the prevention of people experiencing avoidable accidents. At this inspection we found the new manager had taken action and had arrangements in place. For example we found the new manager had actioned health and safety alerts by sharing them with staff so staff were aware of the alert and the action they needed to take.

On the first day of the inspection we found other areas of the home were not clean. In the television lounge we found there was a strong malodour. One of the chairs in the lounge was the source of the malodour. No action was taken to improve the environment until we raised it with the new manager at lunchtime. People had been sitting in the room throughout the morning. We spoke with the new manager and they took immediate action to improve the environment. The housekeeper explained that night staff should have cleaned the lounge the previous night; however staff had not noticed until we drew their attention to the smell. People were at risk of living in an environment which was not effectively cleaned. We discussed with the new manager and they implemented checks to be completed each morning to ensure the environment was cleaned effectively.

During the inspection we found further improvements were needed to ensure people were living in a clean environment. For example cleaning rotas for a deep clean were not in place for the kitchenette. On the first day of the inspection we found the kitchenette was not suitably clean. For example edges to the work surfaces were soiled and marked. The kitchenette was used by kitchen staff to make people's breakfasts and people who lived at the home to make their hot drinks throughout the day. We showed the new manager and the cook and they immediately took action and the environment was cleaned and systems put in place to ensure the area was deep cleaned regularly. The manager replaced the edging on the work surfaces to improve the effectiveness of the cleaning. However people living at the home had been at risk of infection because of the practice of staff not ensuring the area was cleaned effectively.

We saw there were infection control audits completed by staff who identified areas to improve and the new manager had developed an action plan to address them. However at the time of our inspection this was not effective to ensure people were not at risk of infection.

People told us they felt safe at the home. They said they felt confident with staff and the management team. One person told us, "I'm nearly always down here for 10 o'clock, if you're not here, they come up, knock on the door and come in and ask if you're okay." We saw positive interactions between people living at the

home and staff. We saw people were confident with staff whilst they were supported by them.

Staff told us they had received training in identifying potential abuse and were aware of where they could report concerns to. We saw the provider had a policy in place to guide staff and the new manager had taken appropriate steps to report concerns when they had arisen. The new manager told us they reviewed people's risks and concerns in a regular meeting with the heads of each department. This gave staff the opportunity to raise concerns and for the new manager to identify and potential abuse for people living at the home.

Staff said there were plans in place to ensure people were supported to reduce their identified risks. For example, we saw there was up to date guidance to inform staff about the support people needed when evacuated in an emergency. The new manager explained he had completed practice sessions with staff to ensure they were confident of the action they needed to take in such an eventuality. Staff we spoke with told us they had the skills, knowledge and confidence to ensure appropriate action would be taken when needed. The new manager had identified additional practice sessions for night staff because this was when people were most vulnerable during an emergency at night.

All the staff we spoke with were aware of people's identified risks and told us they were provided with up to date information at the start of every shift. We observed staff receiving this information which gave them a clear picture of the wellbeing of each person living at the home.

Staff told us and we saw the appropriate pre-employment checks had been completed. These checks helped the provider make sure that suitable people were employed and people who lived at the home were not placed at risk through their recruitment processes.

People we spoke with said there were staff available when they needed them. One person told us, "You only have to call and they are there." Relatives we spoke with told us there had been improvements to staffing levels and there appeared to be sufficient staff on duty to meet their family member's needs. One relative said, "[Family member] is safe; there are enough staff about when I visit." They went on to say they popped in regularly at different times and there were staff about and people's needs were met. Another relative confirmed they felt there were usually enough staff. We saw and staff told us there were sufficient staff on duty to meet the needs of people living at the home. One staff member said, "We work really well as a team, people living here are the most important thing."

People told us they received their medicines when they were needed. One person said about their medicines, "I have my tablets when I need them." Relatives we spoke with said they were confident about how medicines were administered. We observed how staff supported people to take their medicines. We found people were asked for their consent before the medicines were administered, and staff ensured medicines were ingested before the continued with their support. Staff had received training and regular checks were completed to ensure they were competent at administering medicines.

Staff told us and we saw suitable storage of medicines. There were suitable disposal arrangements for medicines in place. Some people were unable to say when they needed their as and when medicines. There was clear guidance for staff to know when to administer these medicines.



Our findings

When we last inspected in April 2017 we found the service provided effective care, at this inspection we found the service continued to provide effective care.

People told us staff knew how to support their needs. One person said about staff, "They know how to help me." Relatives we spoke with told us they were confident staff knew how to meet their family member's needs. The new manager had arranged training updates for staff when they needed them, and had an up to date view of where gaps were in training needs for staff.

Staff told us new staff received an induction before working independently with people. We saw an example where this was completed. One new member of staff explained how they shadowed experienced staff and then were observed by those staff to ensure they met people's needs effectively. Staff induction included training and reading people's care plans for guidance about people's needs. Staff told us they felt supported by the management team and had regular one to one time with them. One member of staff told us they were attending an update about Mental Capacity Act 2005 (MCA) and the new manager had arranged for them to attend with an experienced member of staff to mentor 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People we spoke with said staff always checked they were happy with the support offered. We saw staff confirming people accepted the support they were offered. Staff we spoke with said they were aware of a person's right to refuse their support and explained how they managed this to ensure people's rights were respected. Staff told us they always ensured people consented to their care.

The new manager had an understanding of the MCA and was aware of their responsibility to ensure decisions were made within this legislation. For example, we saw the new manager reviewed concerns about people's capacity during their regular meetings with staff. Staff received guidance about how people needed to be supported with decisions. The deputy manager told us any changes were discussed and action taken.

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). We checked whether the service was working within the principles of the MCA.

We saw the new manager had completed applications to the local authority when they needed to. They understood the legal requirements for restricting people's freedom and ensuring people had as few restrictions as possible. Where new applications were needed we saw the new manager had completed them and sent them to the local authority. The new manager understood least restrictive practice. For example, we saw where people needed to be restricted, other options were considered where appropriate. The new manager held regular meetings with staff to discuss an overview of everyone living at the home. This meeting supported them to be aware of changes in people's capacity so they could take appropriate action as needed.

People we spoke with said they enjoyed the food provided for them at the home. One person told us, "The food's good." Another person said, "It's not bad at all really, we have to choose what we want to eat. If we don't want what they bring, they find us something else, we get as much as we want." A further person told us, "If ever you want anything, they get it for you, I like a banana, they get me one if I ask. I like ordinary cooked dinners with potatoes and cabbage, they're all nice". Relatives we spoke with said the food always looked good and their family member enjoyed the food. We saw people were offered choice and had prompts available to guide them with their menu choices. Staff told us they promoted people's independence as much as possible. They said they encouraged people to make healthy choices to ensure they were maintaining a healthy diet with both food and drink.

We spoke with the kitchen staff and they knew people's individual diet requirements and ensured these were met. They were aware which people had special dietary needs and knew the likes and dislikes of people well.

We reviewed information about GP visits shared at change of shift staff meetings. We saw on records staff had involved other health professionals such as the mental health teams. One person said, "I see the doctor when I was unwell a while ago." Relatives explained how staff were quick to act if their family member was unwell, and they were confident the appropriate action was taken. The district nurse we spoke with told us staff made appropriate referrals to them and followed any guidance they offered. They confirmed communication with staff had improved and staff were knowledgeable about the people they supported. Staff had involved other health agencies as they were needed in response to the person's needs. For example, one person told us they had visited the dentist when they needed to.



Our findings

When we last inspected in April 2017 we found the service was caring and at this inspection the service continued to provide caring support to people living at the home.

People and their relatives felt staff were caring. One person told us, "[Staff member] is my key-worker. They're lovely." Another person said, "It's a nice place, the food's good, the [manager] in charge is very nice, they're all nice, the staff are lovely. If you want to do something or want something, you just ask."

We saw caring interactions between staff and the people living at the home. For example we saw one member of staff reassured a person who wanted someone to sit by them whilst they ate. The member of staff had their own meal with the person and they chatted whilst they ate. We saw the person was reassured and their well-being improved. People told us staff knew them well, one person said, "They [staff] know what I like and I don't have to keep explaining."

People's histories had been shared by people and their families and were accessible to staff so they understood people. The activities co-ordinator was updating records to ensure staff had a good understanding of people's personalities, their lifestyles and interests. We saw information had been gathered about where people had lived, what their occupations had been and their family background. The new manager explained this information was being used to support care planning to ensure people received individual care to meet their needs.

People we spoke with said they were involved in decisions about their care. They told us they were able to say what they wanted help with. One person explained they managed most things themselves, however they said, "We're very well looked after, they're [staff] very kind here if you need help, they'll help you." Another person told us they put away their own clean washing, which promoted their independence. People told us they knew staff well, and staff knew how they liked to be supported. Staff said they knew people's support needs could change from day to day, and knew people well enough to recognise when they required additional help. People we spoke with said when they needed help staff supported them. Relatives told us staff met the needs of their family member.

People told us about how their dignity and privacy was respected by staff. One person explained they were supported to remain as independent as possible and this supported their dignity. Another person told us, "I get myself dressed but sometimes a carer will come in and put the clothes ready on the chair, they know what we would be going to put on." They went on to say how this maintained their dignity. We saw staff

consistently knocked on people's doors before they entered, and closed the door behind them to maintain people's dignity whilst they were offering support. Staff we spoke with said maintaining people's dignity was important to them. They had a good understanding of people's human rights and understood the needs of people.

The deputy manager explained how they were working with new staff to ensure they adapted how they communicated with people according to their needs. We saw examples where staff spent time ensuring people understood their conversation. They made eye contact so they could look for visual clues about the person's well-being when they needed to. We saw there were visual prompts for meals to support people to make informed choices if they needed them. We saw staff were aware of who needed the prompts and who didn't.

People and their relatives and their friends told us they were welcome to visit at any time. One person said, "My friends and family visit at any time, they are always welcome." One friend said, "I visit whenever I can, and I am always welcomed." This helped people who lived at the home to maintain important relationships.

We saw there were arrangements in place if people needed independent support with decisions. The management team were aware of how to access advocacy services to provide an independent voice to speak up on behalf of people living at the home when they needed them.



Our findings

When we last inspected in April 2017 we found the service required improvement to ensure people living at the home received a responsive service. At this inspection we found the service had improved. People told us and we saw they had hot water when they needed it. The provider had up dated the hot water system, and people no longer experienced delays with their facilities.

At our last inspection in April 2017 we found people did not always have interesting things to pass the time that they enjoyed and wanted to participate in. At this inspection the provider had recruited activity co-ordinators; these are members of staff to lead on providing interesting past times for people living at the home. One the first day of the inspection the activity coordinator supported people to make cakes. People we spoke with enjoyed the activity.

People we spoke with said they had interesting things to do. One person told us, "We do what we like; we do sometimes play bingo or board games. Staff come in and say 'do you want this (television) turned off?' They're [Staff] very kind to us, we're lucky really we please ourselves. [Staff] will do anything for us." Another person said when pointing to planted pots in the garden, "We did these, me and some others." We saw the person was pleased with their achievement. A further person told us, "We did that box there, I like my gardening." We spoke with the activities co-ordinator and they were completing records about what past times people liked to do. They were speaking to relatives and families for those who were unable to share details of their past. The activities co-ordinator had attended training which shared ideas and resources for accessing interesting activities. They told us they already knew people well although they had only been in post a short time. For example, they explained that one person frequently became bored so they would take them out to a local park to feed the ducks. They went on to say the person enjoyed these outings. They also told us they took people out shopping and to a local eatery to promote their well-being. Another person said, "I wouldn't say I get bored, there are a couple of dogs here, and they're very good, very nice." However we saw there was still improvement needed to ensure interesting past times for people were a priority for the management team.

Relatives we spoke with said people had more interesting things to pass the time. One relative told us there was now a rabbit living at the home. They went on to say how much people enjoyed seeing and interacting with the rabbit and people's well-being was improved.

People we spoke with explained they had their individual needs met. One person said, "I like it here, it's a nice place to be. The people here like company and we're very well looked after. They're very kind here if you

need help, they'll help you." Another person told us, "We're very well looked after if you need help, they'll help you." All the people we spoke with said staff looked after them well and knew how to meet their needs.

We saw the new manager had implemented a new assessment process before people came to live at the home. As part of this process they discussed the information they had about a potential new person at the regular meetings with the head of departments. They evaluated whether the person would fit in with the existing people living at the home and if they could meet the person's needs. This ensured effective decisions were made and people living at the home were not put at risk through this process.

Staff explained how this process increased the information they gathered about how people wanted their needs to be met when they arrived at the home. They said this information supported them to provide personalised care about what the person wanted as an individual.

We looked at eight records about people's care needs and there was clear direction for staff to meet people's needs. The records had been recently reviewed and were up to date. The care records were focussed on people's individual needs. For example we saw one person had their pet to live with them. We spoke with their relative and they told us what a difference it made to their family member being able to keep their pet with them. We saw appropriate risk assessments were in place and the risks were mitigated. Other people living at the home expressed pleasure at seeing this pet, which improved their well-being too. Relatives we spoke with said they had been involved with sharing information with staff to improve how their family member was supported.

People we spoke with said staff recognised any changes to their health and well-being and ensured appropriate action was taken. Relatives told us staff noticed any changes with their family member and were confident staff responded to them. Relatives we spoke with said staff let them know about any concerns about their family member.

People said they were asked if they were happy with the support they received. All the people we spoke with said they were happy with how they were supported at the home. One person told us, "I wouldn't change anything, there's not one of the staff that's not helpful, not in my opinion anyway." They were confident that if they were not happy with something the management team and staff would listen and help them resolve the issue. Relatives said they were confident to speak to staff or the management team if they had any concerns. One relative told us they had made complaints when they needed to and improvements had been made. They went on to say the new manager and the deputy manager were approachable and happy to listen to any concerns.

We saw there was a complaints procedure in place. The new manager actively encouraged complaints and comments by having a suitably visible book available at all times for visitors to write concerns into. We saw where concerns had been raised action had been taken. We looked at complaints and how learning was carried forward to support continuous learning. We saw complaints were fully investigated and actions implemented in a timely way. We saw concerns were discussed in the regular staff meeting to ensure learning was shared with the wider team.



Our findings

When we last inspected in April 2017 we found the provider did not have effective arrangements in place to monitor and improve the quality and safety and welfare of people using the service. This was a breach in Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to send us an action plan stating how and where the improvements would be made.

There was a new manager at the home who was in the process of applying to be registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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 this inspection we found improvements had been progressed but not all had been completed or embedded. For example, at our last inspection the provider gave assurances to review the usage of the kitchenette. At this inspection we found this area had been reviewed and updated, and staff practice had improved. However we found further improvements were needed to ensure the area was monitored effectively for cleanliness and systems established to ensure the area remained clean. The new manager acted immediately when issues were identified and the area was deep cleaned. Checks were also put in place to ensure a deep clean was completed regularly. We also found systems were not effective at identifying when communal areas at the home had not been cleaned effectively and addressed. The new manager took immediate action and instigated a daily check for the senior care assistants to identify any concerns. However at the time of our inspection people continued to be at risk of infection through systems not being established to identify shortfalls.

The provider completed regular visits to the home to monitor the effectiveness of the quality assurance systems. These had not identified the concerns we noted. The new manager was developing a new system to document the provider visits to support the identification of any future concerns and ensure they were actioned.

Staff told us the culture at the home had improved. They had more time to spend with people and were more involved with decisions about what support people needed. Staff told us communication had improved and they were confident the new manager was listening to them and would take appropriate action. For example, a member of staff told us after recent training they made a suggestion and the new manager had listened and actioned the suggestion. Another member of staff told us, "This is a good place to

work; we are like a big team. We all get on together and with the [people], management is improving. We have better rotas so that we get regular weekends off, better supervision, and we are supported in further training which we get paid for now." However we saw there continued to be improvement needed to the culture to ensure people were supported by staff who demonstrated good practice consistently.

The new manager was establishing leads amongst the staff to develop staff confidence and knowledge. For example, we saw infection control audits completed by staff which had identified areas for improvement. The new manager developed an action plan and was in the process of completing the actions with the provider. We saw some improvements had been made, for example equipment for cleaning the carpet had been repaired. However neither staff nor the new manager had identified the shortfall in cleanliness of the kitchenette.

People told us they enjoyed living at the home. One person said, "It's a home from home." Another person told us, "I can't fault this place, all the staff are friendly. It's more like families, you can't knock these people." People and relatives told us the management team were approachable and listened to their concerns. The new manager had a good knowledge of people living at the home and had improved communication through regular meetings which ensure they remained up to date with people's needs. Relatives told us improvements were being made to the quality of the support their family member received. One relative explained the new manager had actioned anything they said they would do, for example, improved flooring and fire door replacement. They went on to say this increased their confidence in the new manager. We saw people were relaxed and confident when speaking with the new manager and the deputy manager throughout the inspection.

At this inspection we found improvements had been made with preventing avoidable accidents and systems were in place to continuously update the management team's knowledge about health and safety developments. We also saw there was a system in place to provide an over view of staff training needs that was up to date. Staff told us they had attended updates and identified further training needs were booked in, and staff were aware of when they needed to attend. The provider had taken action to ensure staff remained up to date with their knowledge and skills to consistently provide quality care for people living at the home. The new manager had increased staffing levels to support activities for people at the home and was in the process of increasing the number of staff responsible for cleaning the home. This was to ensure staff had sufficient time to support people with their individual needs.

The provider had plans in place to improve and update the environment. We saw work had started to comply with fire safety regulations to ensure people remained safe. Further improvements had been identified and were being completed by competent contractors to ensure the work was completed to a good standard.

The new manager showed us they continued to analyse incidents and accidents. They used this to put plans in place to improve people's safety. We saw the new manager reviewed these at their regular meeting with the heads of department. A strategy was agreed and implemented and then monitored for effectiveness. For example, the new manager had identified through these meetings they could no longer meet the needs for one person living at the home and had taken action for this person to be relocated.

Relatives told us the new manager had sent out questionnaires for feedback about the quality of the service. The new manager told us there had not been many responses the first time they had sent them out, therefore he had sent the questionnaires out again and was looking at other ways to gain feedback and increase the involvement of relatives and friends. We saw the questionnaires were also given to people living at the home too and the responses from the questionnaires received were overall positive feedback.

The new manager had arranged for people living at the home and their families and friends to attend a meeting in September 2017 to discuss developments and suggestions about improvements to the quality of the care provided. This gave people an opportunity to provide feedback to the management team. We saw noted in the meeting minutes that people and their families thought improvements were happening at the home.