Mrs R Halsall

Malvern Nursing Home

Inspection report

425A Toller Lane
Heaton
Bradford
West Yorkshire
BD9 5NN

Tel: 01274492643

Date of inspection visit:
21 November 2017

Date of publication:
18 December 2017

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 21 November 2017 and was unannounced.

At our last inspection on 23 and 25 May 2017 we rated the service as 'Inadequate' and identified three breaches which related to privacy and dignity, person-centred care and good governance. This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Malvern Nursing Home provides accommodation and nursing care for a maximum of 28 adults with complex mental health needs. The service is located in a residential area of Bradford approximately two miles from the city centre. At the time of the inspection there were 17 people living at Malvern.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the provider; registered manager and staff had worked hard to build on the improvements we had found at the last inspection. The increase in staffing levels had been maintained and was kept under review. The registered manager recognised additional staff were required at mealtimes and recruitment was ongoing. We saw staff worked well together as a team in meeting people's needs.

The mealtime experience for people had improved significantly. Lunchtime was a pleasant, sociable occasion and we saw people were able to access their own meals and drinks in the dining area. People's weights were monitored to ensure they received enough to eat and drink. One person told us, "It feels like I am at home."

The home was clean, bright and well maintained. Many bedrooms had been redecorated. People had been involved in these discussions for example choosing their own colours and pictures.

People's care plans were more personalised and the home's electronic care record system was in place for all care plans. People had access to healthcare services such as GPs, district nurse, dentist and chiropodist.

Staff understood safeguarding procedures and knew how to report any concerns. Safeguarding incidents had been identified and referred to the local safeguarding team and reported to the Care Quality Commission. Risks to people were assessed and managed to ensure people's safety and well-being.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice. Care plans showed where people had made the choice whether to have their own keys for bedrooms. People who smoked had the choice of when to smoke and these had been recorded appropriately. We observed people had access to their own cigarettes.

People told us they liked the staff and described them as kind and caring. People told us they were treated with respect and this was confirmed in our observations. People looked clean, comfortable and well groomed. We saw people enjoyed activities both in the home and out in the wider community.

We saw improvements in the overall audits of the home. Further work in relation to who and when the action was to be completed by was in process at the time of inspection. This documentation had been implemented and shown to the inspectors at the end of the day to start immediately.

Medicines were managed safely. Robust recruitment procedures were in place which helped ensure staff were suitable to work in the care service. Staff received the training and support they required to carry out their roles and meet people's needs. Training was in progress at the time of inspection for all mandatory training and further training was arranged for 30 November 2017 for the rest of the staff.

People and relatives knew how to make a complaint. There had been no complaints since our last inspection in May 2017.

People, relatives and staff praised the improvements that had been made since the last inspection. Everyone spoke highly of the registered manager and deputy manager who they described as approachable and supportive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe.

Medicines management was in place. People received their medicines on time.

People told us they felt safe and staff were aware of how to safeguard people from abuse.

People's health and safety was assessed in their care plans.

Is the service effective?

Good

The service was effective.

Improvements had been made in relation to Deprivation of Liberty Safeguards (DoLS). People had access to their own rooms through either a key or if they chose the door would be unlocked. We saw this recorded with people's consent in the care plans.

The meal time experience had significantly improved. People had access to their own meals and drinks within the home. We observed this throughout the day of inspection.

Is the service caring?

Requires Improvement

The service was caring.

The provider had taken appropriate action and was now meeting legal requirements in this area. Whilst improvement had been made we have not rated this key question as 'Good'; this would require a longer track record of sustained improvement.

People told us they were happy with the care they received.

We saw rooms were personalised and evidence showed us people were involved in the choices.

Is the service responsive?

Good

The service was responsive.

Care planning documentation had been implemented across an electronic system for staff to have access to immediately. This meant records were recorded straight away ensuring staff responded to people's needs promptly.

A range of activities were provided for people both in the home and the community.

No complaints had been made since the last inspection.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

We still found areas which needed to be looked at around the ownership of the audits in the home and who actioned and completed these. We found care plans and medicine management audits were in place, however the registered manager did not have a process in place to ensure each person's medications were audited. The deputy manager implemented this at the time of inspection.

Staff communication was consistent within the home.

Staff told us they found the deputy manager and registered manager approachable.

Malvern Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 21 November 2017 and was unannounced. The inspection was carried out by two inspectors, a specialist advisor in governance and an expert by experience with experience of services for people with mental health problems. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also contacted the local authority commissioning and safeguarding teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also sought the views of two healthcare professionals and one professional responded.

We sometimes ask the providers to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. At this inspection we did not ask them to complete one.

We observed how care and support was provided to people. We spoke with five people who were using the service, one visiting relative, a nurse, three care staff, the cook, the activity co-ordinator, the deputy manager, the registered manager and provider.

We looked at four people's care records in detail, three staff files, medicine records and the training matrix as well as records relating to the management of the service. We looked round the building and saw people's bedrooms and communal areas.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in May 2017 one person's medicated shampoo was not recorded on the medicine administration records (MARs). We saw at this inspection this had been recorded appropriately. At the last inspection we saw that some people were prescribed a thickening powder for their drinks because they had difficulty swallowing. Liquids for these people must be thickened to the right consistency to reduce the risk of choking. The consistency required was not always recorded on the MARs. We found at this inspection the consistency required was documented in a letter from the pharmacist and recorded on the MARs.

We looked at the arrangements for the management of medicines. Systems were in place to ensure that medicines had been ordered, received, stored, administered and disposed of appropriately. Medicines were securely stored in a locked treatment room.

We looked at the medicine administration records (MARs) belonging to three people living in the home. We saw records about medicines were carefully completed and there were no gaps in administration records. We did not see any handwritten entries on MARs. Two of the three people who's MARs we looked at were prescribed one or more medicines only 'when required'. Extra information to help ensure staff gave each 'when required' medicine safely (a protocol) was filed for all these people's MARs.

Some people were prescribed a moisturising or barrier cream. The nurse told us that care staff informed them when they applied these creams and care staff's initials confirmed this on the MARs. This meant the records showed that people's skin was cared for properly.

Medicine storage facilities were clean and tidy. Medicines were kept safely and at the right temperatures. The temperatures of the medicines storage room and the medicines refrigerator were monitored correctly.

People we spoke with who lived at Malvern Nursing Home told us they felt safe living there. People who lived at the home told us they thought there were enough staff to deal with their needs. One person said, "Oh, yes I do feel safe here – there are plenty of staff. We have fire drills once a week." Another person said, "I feel safe here. I don't feel safe out in the street." A third person said, "Yes I am safe. There is always enough staff." A visiting relative we spoke with said, "Yes [name of person] is safe here."

We reviewed the recruitment records for three members of staff which confirmed the provider's recruitment process was robust. Staff told us they felt there were enough staff. One member of staff said, "There is enough staff. It's more people who don't pull their weight. Now there are seniors in place this helps remind of responsibilities." We observed throughout the inspection there was enough staff to support people in the home.

Staff we spoke with understood their responsibility to protect people from abuse and harm, and were confident if they raised any concerns the management team would respond appropriately and promptly. Training records showed staff had received safeguarding training, whistleblowing and medicine management. This training was on going and another session was booked for the 30 November 2017. One

member of staff said," I would report to my manager if I had any concerns."

We looked at the procedures to safeguard people from harm and abuse. A safeguarding and notifications file contained a log and we saw safeguarding concerns had been reported to the local authority as a safeguarding alert and notified to the CQC, in accordance with the Health and Social Care Act 2008 requirement. This meant the registered manager and staff at the home were aware of their responsibilities to safeguard the people who used this service and were meeting the requirements of their registration.

Staff told us people's risks were managed. They ensured care plans and risk assessments were kept up to date when a person's need changed. For example, if a person's behaviour was deteriorating. We saw accident and incident records in people's care plans. We saw accident and incident records completed. The registered manager had a good insight into these and said lessons learnt were addressed at team meetings. This was confirmed by staff.

People's risk assessments were up to date and covered risks such as, pressure sores, weight and falls. We saw two people had been identified as losing weight and had been referred to the GP and dietician. One person was at high risk of pressure sores. The care plan documented how to mitigate this risk. For example, the person was encouraged to take bed rest and had a pressure cushion and pressure mattress in place.

One person had been identified as benefiting from bedrails and having their bed low. The person had capacity and decided they did not wish to have bed rails. The care plan documented the person was aware of the risks and dangers but 'refuses' to have bed rails. It was recorded that the possible dangers of this decision had been explained.

We found there were effective infection control systems in place. The home was clean and there were no noticeable odours. We observed staff followed good hygiene practices washing their hands and using hand sanitiser throughout our inspection. We saw staff wore gloves and aprons when assisting people with personal care. We saw an infection control audit had been completed in 2016 which identified some areas for improvement. The provider's action plan showed these had all been resolved.

Staff said restraint was not used at the home. They used distraction techniques and looked for triggers to what may cause a person's behaviour to challenge the service, and they avoided these. Staff clearly knew people well and could describe people's triggers and the distraction techniques they would adopt. For example, one person's trigger was if they ran out of cigarettes. This was managed by encouraging the person to take responsibility for their cigarettes which were stored in their room. The staff members would go with the person to their room and encourage them to do other tasks, such as tidy their room, make a cup of tea or talk about a subject which was important to them as a distraction.

We saw safety checks of the premises were carried out, including fire safety checks and drills. Records showed weekly checks of the fire alarm system and fire fighting equipment to ensure they were safe for use. Staff we spoke with confirmed they were involved in fire drills in the home. We saw Personal Emergency Evacuation Plans (PEEPs) were completed by the registered manager and were in people's care plans.

Good

Is the service effective?

Our findings

At the last inspection in May 2017 we observed people had a poor dining experience and were not encouraged to retain their independence. We also observed people unable to access their own bedrooms as these were locked and people had to ask staff to open the bedroom doors for them. The registered manager recognised additional staff were required at mealtimes and recruitment was on going. At this inspection we found improvements had been made in all areas.

We observed lunch time in the dining room. There were three care staff who assisted people into the dining room. We saw food was being served from a table and those people could get their own food did. Other people who were unable to do this were asked by staff what they wanted to eat.

We saw that people were given choices as to where they wished to eat their lunch. We saw 12 people sat in the dining room. Other people had their lunch in the lounge. All the tables had been set with table cloths/table mats although we did not see any condiments on the tables.

People told us they liked the food. One person said, "The food here is brilliant. You serve yourself. It's like being at home." Another person said, "The food here is good." A third person said, "The food here is very good."

We saw throughout the day that people were asked if they wanted drinks. We saw that there was plenty of good interaction between people living at the home and care staff. People were having conversations between themselves and staff and there was some joking and laughter between staff and people.

We spoke with the chef/cook during our visit. They told us they had worked at the service for 10 years and the menus were on a four to six weekly cycle. The cook said that everyone's dietary requirements were different. For example there were people on low/high carbohydrate diabetic diets. There were also people's cultural differences to cater for. The cook said, "There is always an alternative available. I am always happy if I don't have a lot of waste. There are no restrictions on food purchase. I don't have a food budget so there is no ceiling for food purchase. We get all the meat from the butcher. I go around each day at mealtimes and ask people if they have enjoyed their meal. Menus are adjusted to meet their needs. All the food is home cooked fresh food."

A good example was given of how well the cook knew people's dietary requirements. They told us one person enjoyed sausage and mash, but would not eat sausages if they were whole and if the sausage was cut up on their plate they would leave it, but if the sausage was already cut up and plated up onto the serving dish the person would eat it. They went on to say, "People have access to snacks such as yogurts, home baked cakes, biscuits and sandwiches. Suppertime people get [a milky drink]. I am just making homemade soup. There is always something available for people to eat."

People told us they had keys to their bedroom doors. This was evident as people had their keys around their neck on lanyards. One person said, "I have a key for my bedroom." Another person said, "Yes I do have a key

to my bedroom door." Consent forms were included where people did not wish to have their own key. People had signed consent forms as to whether they wished to have a key to their room.

The registered manager told us they visited and carried out a pre-admission assessment with people before they were admitted to the home. This meant people's support needs and preferences could be discussed and agreed and ensured the appropriate resources and equipment were in place before the person moved in.

People we spoke with confirmed they had access to health care services and that staff were trained well. One person said, "As soon as we need a doctor they [staff] get one for us. I went into hospital with some problems. The staff here were great. They [staff] are trained well here." A second person said, "Yes, they get you a doctor if you are poorly."

Care records we reviewed showed people had access to healthcare services. We saw regular visits from GPs, district nurses, dieticians and the mental health team. We saw people had been seen by the optician, chiropodist and dentist.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The 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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had received training and understood the requirements of the MCA and DoLS. The registered manager told us all the people using the service had a DoLS authorisation. We saw mental capacity assessments and best interests decisions recorded in people care files. We saw people's relatives and advocates had been involved in the decision making process. Staff said people had the right to make their own decisions. For example, people chose when to get up, what to eat and drink. One member of staff told us, "We respect when people say 'No'." Staff told us they talk to people to find out what they want to do and people are listened to.

Staff we spoke with told us they received supervision and felt supported by the deputy manager and registered manager to do their work. We saw evidence of regular supervision and some appraisals in staff files we reviewed. The supervision matrix showed the majority of staff had received supervision since the last inspection in May 2017 and on going appraisals were in place. We saw evidence of thorough induction and training in the records we reviewed for two recently recruited staff. This included areas of mandatory training such as moving and handling, safeguarding and mental capacity.

Requires Improvement

Is the service caring?

Our findings

At our last inspection we identified mixed responses from people about the care they received at Malvern. People's independence was not promoted and people's rooms were not personalised. We also found people's toiletries were locked away and people were unable to access these. The provider's approach to cigarettes was not done in a personalised way. At this inspection we found improvements had been made in all areas. Whilst improvement had been made we have not rated this key question as 'Good'; this would require a longer track record of sustained improvement.

Everyone we spoke with told us they were well looked after by staff at the home. One person said, "The staff listen to me. They have time to chat to me. They [staff] are all friendly and caring. [Name] and [name] are all very good." A second person said, "The staff here are ok." A third person said, "The staff look after me well here. We all get well looked after. I like [name of staff]." A relative told us," Yes [name of person] is looked after well."

We saw one person on the day of inspection cleaning round in the dining room. They said," I enjoy doing this. It makes me happy."

We saw improvements in people's rooms around personalisation. We looked in three people's bedrooms with consent from each person. These were personalised and one person told us," This is my favourite band. And these are pictures of my family. I help put these up." We saw people's toiletries were readily available in people's rooms.

Some people told us they smoked and we saw how this was managed safely. We saw that there was a designated smoking room for people using the service. We saw several people going into this room. We saw one person who we had spoken with take out [their] tobacco and roll [their] own cigarette. Another person had a packet of cigarettes and lighter on their table where they were sitting. We did not see people smoking in any other areas of the service. Consent forms had been signed as to whether people wished to manage their own cigarettes.

People told us they were treated with respect and their privacy and dignity was maintained. One person said," People knock on my door until I have heard them and they wait." We did not observe on the day whether staff knocked on people's doors as most people were in the communal areas during our inspection. People looked clean, comfortable and well groomed.

Staff told us people's independence was promoted. One member of staff said, "This has improved. People are involved in decisions. They're involved in household tasks." Another member of staff said, "I encourage people to do things for themselves. People can shower themselves. People can rub in their own cream." We observed people walking freely in and out of the garden and around the home.

There was good interaction between people living at the service and the staff. We observed people laughing and joking with staff. We did not see any poor interaction as everyone appeared to be relaxed in their

surroundings. People were engaging in conversation with staff and other people.

We spoke with people who lived at the home about visiting times. People told us their relatives and friends could visit at any time and that they were unaware of any restrictions.

Staff told us people's diverse needs in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation were met where applicable. One relative told us, "There is no discrimination here."

Good

Is the service responsive?

Our findings

At our last inspection we identified the care planning had not been assessed or planned and important areas were missing. At this inspection we found improvements had been made.

Care plans were up to date. They were held electronically, and staff could access them via their electronic care devices. Each person's record had a front cover with their photograph. They had details of the healthcare professionals involved in their care, key worker and family members. We saw one person's care plan had recorded their involvement in daily activities such as cleaning. This person showed us the cleaning they had done in the dining room and were extremely proud of their achievement.

Another person's daily life care plan detailed what they enjoyed doing and that they had responsibility for their own cigarettes. This person's care plan also detailed they wished to have their bedroom door locked but did not want to retain the key. There was a consent form in place to confirm this.

People had the opportunity to discuss their end of life care. One person's care record stated the person did not wish to discuss this but staff would revisit this if their health deteriorated. The person's wishes were respected.

We asked people if they had access to or knew about their care and support plans. One person told us they knew they had a care plan and asked us if we wished to see it. A second person said, "Yes I do have a care plan and I have signed it. I have a keyworker but I also have a social worker." When asked if they were involved with the review of their care person one said, "I am involved sometimes." We spoke to a visiting relative who said," Yes I do come in to look at the care plan."

One member of staff said, "Person centred care is people having choice and control." They felt this was continuing to improve. Staff told us people had responsibility and were involved in getting themselves food and drinks. They also had choice over their cigarettes if they smoked and a cigarettes trolley was no longer used and a cigarette box was in people's room. The deputy manager told us people having individual control over their smoking had led to a decrease in the amount of cigarettes being smoked.

We observed some activities taking place during the visit. Two people were using colouring books in the afternoon. Another person was singing along to a Beatle's song which they knew all the words to. We saw one staff was chatting with people in the lounge as they were assembling the Christmas tree. One person told us they had assembled the miniature Christmas tree in the dining room.

People we spoke with were able to tell us if they were able to get up and go to bed as they wished. People also told us they went out into the community to attend various activities. One person said, "We do all sorts of things like play skittles. We are going out to Tong Garden centre. I do go out in the garden in summer - not now it is too cold. The staff help me to shop for clothes and do Christmas shopping." A second person said, "Yes there are plenty of activities. We do things like exercises." A third person said, "We do all sorts of arts, craft things, although I don't do them as I don't like it. I like playing draughts and dominoes. Yes, we go out.

We are going to see Cinderella at the Alhambra."

Staff told us activities have improved a lot. There was now a designated person responsible for coordinating activities which staff said had helped. One member of staff said, "People can go out but you do have to consider their finances." Staff told us people had things to do such as; painting, jigsaws, making things, dominos, reading sessions and play your cards right. The activity coordinator told us that outings were organised. People had been to the garden centre and Eden Camp. One member of staff said, "People are more active now. They seem to sleep less. People are active in the running of their home. For example, one person is actively involved in cleaning the home."

People we spoke with knew who to speak to if they had a complaint or any concerns. One person said, "I would speak to management if I had a complaint." A second person said, "I would speak to staff." A third person said, "I would speak to [name of manager]."

One person had made a comment regarding their room being cold. They had also raised their complaint with the local authority. The provider used a temperature checking device for a few weeks and took minimum and maximum temperature checks. The checks confirmed the person's room was very warm. This meant the person was listened to and could be reassured their room was warm. The person told us they were happy with this. The deputy manager said," We would always look into this again if they expressed a concern."

We discussed with the registered manager about meeting the Accessible Information Standard. The provider and registered manager said this was something they were looking into. They told us there was no one in the home or families who needed any information in an alternative format. The deputy manager said," If we did we would make sure we had this in place."

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we reported that quality assurance systems were not always effective and improvements were required to ensure standards were maintained in relation to the governance and culture of the home. At this inspection we found improvements had been made and improvements were on going at the time of inspection in accordance with the provider's action plan.

We observed throughout the day of inspection an improved culture across the home. People were involved in running their home if they chose to around cleaning, choices around their care and surveys. People had been consulted in their choices of what they would like to do. We saw evidence in people's care files which documented people's involvement in consent.

The registered manager, deputy manager and provider was actively visible in the service. The registered manager was located on the ground floor to enable a more open culture within the home. The deputy manager said," We can see what is going on now and people and staff can see us at any time.

The registered manager and provider carried out a number of quality assurance checks and audits to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

At this inspection we found audits were undertaken as part of the registered manager home audit, which included a range of areas including care records and medicines. However, we were unable to see a structured approach to audits, for example: Further work needed to be completed in relation to who and when the action was to be completed by was in process at the time of inspection. The deputy manager told us they would implement a system to ensure each person's records were audited.

Medicine records were audited on a monthly basis and covered the following areas: Ordering and receiving medications, storage, administration of medication and records, controlled medication, care plans, disposal and homely remedies. Records shown improvements each month had been recorded.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of reoccurrence. The deputy manager was able to print off a report of falls, accidents and incidents that had occurred at the service, by individual people, and we saw that actions had been taken. There had been minimal accidents and incidents since the last inspection. No trends had been identified by the deputy manager.

People living at the service told us they were satisfied with everything. One person said, "It is great here." A second person said, "Its ok." A third person said, "It's nice here. I am happy here." A fourth person said, "The staff look after me." A fifth person said, "Yes, I would recommend the home to people, as I have been to loads of other places, but this is the best one – that's why I would recommend it."

One member of staff said, "I love my job. I would be happy for a member of my family to live here." Staff commented that the deputy manager had an "open door" and was "hands on and helped out." Another member of staff said, "[deputy's name] is really good. We are a team and can put forward ideas." All staff we spoke with told us the service has improved. "We all work together." "Residents have more freedom."

We looked at what the registered manager did to seek people's views about the service. The registered manager showed us the minutes from previous meetings, where discussion items were recorded. There were 15 people in attendance at the last meeting in November 2017. It was discussed everyone wanted to watch fireworks and suggested a bonfire. People felt that Halloween was a great day. One person wanted everyone to know that they enjoy cleaning and clearing tables. Discussions around if people were happy with arrangements for their cigarettes, the general comments were positive. People were asked if everyone knew what to do if they had a complaint or were unhappy in any way, People said they all did. This meant there were mechanisms in place to communicate with people and involve them in decision making in relation to the service.

We looked at what the registered manager did to seek staff's views about the service. We saw that staff meetings took place regularly. Minutes from the previous staff meetings showed staff had recently been reminded of their responsibilities in a number of areas. These included: introduction of the new incentive scheme, dining experience, toiletries as a more personal experience, bedroom door keys and the rota. This meant that effective mechanisms were in place to give staff the opportunity to contribute to the running of the home.

We saw that survey user satisfaction questionnaires from people using the service had been undertaken in November 2017. These highlighted positive and less positive issues from people using the service such as: 'Happy-very happy', 'sometimes', 'would like to go on more outings, need net curtains washing'. The deputy manager told us they had not looked at the responses to analyse as they had just received the questionnaires back. This meant that there were measures to communicate with people and their relatives and involve them in decision making in relation to the service.

We looked at what the registered manager did to seek healthcare professional's views about the service. We saw that 10 surveys had been completed by a range of healthcare professionals, for example social workers, advanced nurse practitioners, psychiatrists, community psychiatric nurses, speech and language therapists and podiatrists. Comments noted were as follows, 'staff were warm and welcoming',' the electronic care plans are up-to-date and accurate', 'no concerns at my visit', 'staff seemed to take feedback well', 'staff seem very person-centred'. One comment suggested that written information should be more easy read. The deputy and the registered manager told us this is something they would look into if and when they needed this for people in the home.