

Carebase (Chingford) Limited Spinney (The)

Inspection report

21 Forest View
London
E4 7AU

Tel: 02088796550

Website: www.carebase.org.uk

Date of inspection visit:
17 September 2019

Date of publication:
02 October 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Spinney (The) is a residential care home providing personal care to 43 people aged 65 and over at the time of the inspection. The care home accommodates people over three floors in one adapted building with a lift. The service can support up to 48 people.

People's experience of using this service and what we found

People were supported by kind and caring staff who treated people as individuals and with dignity and respect. The provider had robust recruitment systems to ensure staff were safely recruited. Staff spoke knowledgeably about the systems in place to safeguard people from abuse. People were supported by staff who were inducted, trained and supervised.

People told us they felt safe and systems were in place to safeguard people. Risks to them were identified and managed. Where required people were safely supported with their medicines. Infection control measures were in place to prevent cross infection. The support required by people with health and nutritional needs was identified and provided.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's privacy and independence were promoted. Systems were in place to deal with concerns and complaints. This enabled people to raise concerns about their care if they needed to.

People had person centred support plans in place. They were actively involved in their care and contributed to the development of care plans and reviews. People had staff support to access activities in the home and the community. People's communication needs were identified, and their end of life wishes were explored and recorded.

The provider had effective quality assurance systems to monitor the quality and safety of the care provided. People were asked for their views and their feedback used to improve the service and make any necessary changes.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (Published 20 March 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Spinney (The)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors, a pharmacist 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.

Service and service type

Spinney (The) is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and five relatives about their experience of the care provided. We spoke with 13 members of staff including the registered manager, the business manager, the head of administration, the peripatetic manager, the senior team leader, three senior care workers, two care assistants, the bistro coordinator, the lifestyle coordinator, and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and multiple medicine records. We looked at six staff files in relation to recruitment and at the staff supervision records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The provider sent us various documents we requested during the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the service was safe. A relative told us, "My [relative] is undoubtedly safe here." Another relative said, "[Relative] is safe."
- The registered manager was aware of their responsibilities to report safeguarding incidents to the local authority and the Commission. Records were maintained of alerts made, the outcome and action taken.
- Staff we spoke with had a good understanding of their responsibilities. One member of staff said, "I would report to my management immediately. Any concerns they need to be made aware of it. They would set up a safeguarding meeting. [CQC] would be contacted as well." Another staff member said, "I will let a member of management know. They will pass it on to the safeguarding team and maybe the police if they need to."
- Staff completed safeguarding training to provide them with knowledge of abuse and neglect.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed, managed and regularly reviewed. People and their relatives were included when risks were reviewed.
- We saw people being supported in line with their risk assessments. For example, being moved with the assistance of equipment. When staff supported people, they explained what they were doing and were reassuring.
- Staff we spoke with knew about people's individual risks in detail. One staff member said, "[People] at risk of falls. I make sure that zimmer frame [and] wheelchair are not in the way so that they have space to move around." Another staff member told us, "We have to do risk assessments. Mobility is a big one. Some of our [people's] mobility can be uncertain. We do a risk assessment and put measures in place. If I notice a change in mobility I would immediately have a discussion with that person and make sure they are involved in their care."
- The environment was checked regularly to ensure that it was safe and appropriately maintained.

Staffing and recruitment

- People and relatives told us there were enough staff available to support them and meet their care needs. One person said, "There is enough staff to look after me." Another person told us, "Generally there is enough staff." A relative said, "There always seems enough staff on at weekends and during the week when we come in."
- Staff told us there was sufficient staffing levels and their shifts were covered when they were off sick and annual leave. One staff member told us, "Yes enough staff, at least three [staff] on each floor sometimes even four. We are always given enough staff so [people] are not left on their own." Another staff member said, "We have bank staff and agency staff. [Senior staff} are always around to jump if help needed. Very

good team. There is always support."

- Appropriate recruitment checks had been undertaken. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure staff were suitable to work with vulnerable adults.

Using medicines safely

- People and relatives told us they received medicines safely and on time. A relative said, "The [staff] are first class at giving medicines. [Relative] used to sometimes refuse to chew tablets. The home got the GP to change them."

- The service had a medicines policy in place which covered the recording and administration of medicines.

- Staff were trained in medicines administration and their competency assessed before they supported people with medicines. Staff were able to demonstrate how they provided safe medicines support. However, we found one senior care worker's medicines competency assessment were overdue. We raised this with the registered manager who assessed the senior care worker's competency on the day of our inspection.

- Medicine administration records showed they were appropriately completed without any gaps and errors. There were processes in place to identify issues and errors, and audits showed issues had been identified and acted on promptly.

- Policies and procedures were in place governing the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse).

- Controlled drugs were stored in a controlled drugs cupboard and the keys held securely. Clear records were maintained in the controlled drugs register.

- This meant the provider had systems in place to ensure safe management of medicines.

Preventing and controlling infection

- The home environment was clean and the home was free of malodour. One relative said, "The home is light, bright and clean." Another relative told us, "It is spotlessly clean."

- Staff completed training in infection prevention and control. Records confirmed this.

- Staff had access to and used disposable protective items, such as gloves and aprons. Observations confirmed this. One staff member told us, "We always wear plastic disposable gloves when doing personal care. Towel and flannels we only use once. Bedding is changed on a regular basis. We have disinfection wipes to wipe the beds down. The cleaners are here every day. We wear gloves and aprons when serving food."

Learning lessons when things go wrong

- The service had systems in place to record accidents and incidents. Staff were aware of their responsibilities to record all accident, incidents and inform the senior management team.

- Accident and incidents records did not show lessons learnt when things went wrong. We discussed this with the registered manager who told us they would review lessons learnt moving forward.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed before they moved into the home.
- People's needs and choices were assessed and documented. Staff were heard giving people choices and respecting their wishes. One relative said, "[Staff] absolutely understand [people's] needs."
- Staff we spoke with knew people's preferences, likes and dislikes. One staff member told us, "We have the pre-assessments [to read]. The best thing is talk to the [person] and their family when they come in. You get lots of tid-bits and pieces, more than going through a checklist. Most times I have learnt about [people] when just having a cup of tea."

Staff support: induction, training, skills and experience

- People and their relatives told us staff were good at their job. One person told us, "I do feel the [staff] are skilled." One relative said, "The staff are absolutely brilliant."
- Staff told us they received regular support and supervision to enable them to undertake their role and staff records confirmed this. One staff member said, "[Senior management] sit and listen to what I have to say. They are mindful what I have spoken about before [in supervision]. It is not ignored. It is listened to and support offered. Communication is the biggest thing in this place."
- New staff had received an induction into their job role. Existing staff had their competency to provide appropriate care assessed at regular intervals through observed practice.
- Training was provided in subjects fire safety, moving and handling, basic first aid, health and safety, infection control, basic food hygiene, COSHH, dementia, equality and diversity, medicines administration, bereavement, challenging behaviour, catheter care, diabetes, dignity in care, nutrition and hydration, end of life care, safeguarding adults, Mental Capacity Act 2005, and Deprivation of Liberty Safeguards.
- Staff told us the training provided helped them to perform their role. One staff member said, "[Training] is fantastic. They offer so much training on so many different things. Any training I wanted I would only have to ask."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they liked the food that was served to them and they could choose alternative foods if they did not want what was on the main menu. One person said, "I enjoy the food." A relative told us, "The food is first class. [Chef] bakes every day." Another relative said, "The chef is brilliant."
- Staff were aware of people's dietary needs and preferences. The chef was also aware of the different consistency of foods some people required to minimise the risk of choking. The chef told us care staff regularly updated them about people's changing needs and they also spoke with people about the quality of meals on offer.

- We saw hot and cold drinks were readily available for people and we saw staff encouraged people to drink regularly.
- Staff recorded what people ate and drank to ensure they had enough food and fluids to maintain their health. Records confirmed this.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People and their relatives told us they received health care support when needed. One person said, "I saw the dentist today. I see the doctor." Another person told us, "I have the chiropodist every few weeks." A relative commented, "[First] arriving here [relative] had a swollen ankle. Had it for years but the home called the doctor when they noticed it." Another relative said, "The doctor came in following return from hospital."
- People's care records showed relevant health care professionals were involved with their care, when needed. However, we found one person who was a risk of choking did not have up to date guidance available from the speech and language therapist (SALT). We spoke to the registered manager and they made a referral to the SALT for a new assessment for that person. Also, the home has requested dysphagia training for all staff. Dysphagia is the medical term to describe difficult swallowing.
- People's oral health care needs were met. Care records gave detailed guidance with oral care. Records showed people visited a dentist regularly.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People told us staff asked their permission and gave them choices. One person said, "[Staff] do seek permission before supporting me." Another person told us, "[Staff] ask what I like." A relative commented, "The staff ask consent before doing anything." Another relative said, "There is a team effort in decision making. We have lasting power of attorney."
- DoLS authorisations were in place for people who did not have the capacity to make a decision to live in the home. This ensured that their rights were protected.
- Mental capacity assessments had been completed. Where people were unable to make a decision for themselves, decisions had been made in their best interests. Where appropriate, the decision-making process involved those who were important in the person's life.
- During the inspection, we heard staff seeking consent from people before providing support with day to day tasks.

Adapting service, design, decoration to meet people's needs

- People were involved in decisions about the premises and environment. Records confirmed this.

- The home environment was homely and the atmosphere warm and friendly. People had personalised their bedrooms to their own tastes.
- Throughout the dementia unit the service had objects on display that people could touch and hold as part of a sensory experience to stimulate them.
- The garden was well maintained and secure and had pleasant seating areas for people to enjoy in good weather.
- Equipment people needed to move around safely, such as hoists, were available. Bathrooms, walk-in showers and toilets had adaptations, such as hand rails and raised seats, to ensure people could use them safely and comfortably.
- Call bells were available for people in communal and private areas to summon assistance when it was needed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said they were treated with kindness and provided consistently positive feedback about staff and living in the home. One person said, "Yes, I do think that the staff are caring. I choose [to live] here and it does make me feel comfortable and well cared for." Another person told us, "The staff are caring. It is comfortable. I have not had to get uptight about anything. [Staff] do things for you." A relative said, "The staff are fantastic. They seem to know [relative]. We think that the staff are caring, and we are made very welcome."
- A relative told us the home were extremely caring. They told us their relative had been admitted to hospital before Christmas. The home had arranged staff to visit the person in hospital with a large box of chocolates. When the person was admitted back into the home after Christmas they arranged to have a festive celebration with the person, so they felt they didn't miss out on celebrating Christmas.
- Staff showed a good awareness of people's individual needs and preferences. Staff talked about people in a caring and respectful way. One staff member said, "You got to have a laugh with [people]. I would like them to think I am their friend. It is nice they could see me in that light." Another staff member told us, "It is about [the] individual [and] what they like, dislike, hobbies. It is building about building care around them so that it is more person-centred."
- We saw staff took time to chat with people on a social and personal level and their conversations demonstrated staff knew about people's lives before they moved into the home.
- Discussions with the registered manager and staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. One staff member told us, "Just help them like anybody else. Don't discriminate. Give them choices, ask them what they like and don't like doing." Another staff member said, "We had some training on [LGBT] recently. I would like to make sure they didn't feel they were treated any differently. It is nice to ask if they are ok and being supported. It is making them know we are all different, but we are all under the same umbrella and a team here."
- People's care records reflected their needs in relation to their protected characteristics including religion, culture, language, and gender. This enabled staff to provide person-centred care.
- The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. It is unlawful to treat people with discrimination because of who they are.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and families confirmed they were involved in care planning and review, although not all could recall the full details. Records confirmed people and their relatives were involved.
- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received. One person said, "I like a bath better than a shower and I get a bath."
- People and their relatives told us privacy and dignity was respected. One person said, "[Staff] are polite and knock on [my] door." Another person told us, "[Staff] treat me with respect." A relative said, "The staff are very respectful of [relative's] decisions."
- Staff we spoke with gave examples about how they respected people's privacy. One staff member told us, "Close the door as you go in [person's] room. Cover them with towels when providing personal care. Talk to [people] at the same level so there is eye contact." Another staff member said, "We are very mindful to say to [people] we are going to give you a wash now and is that ok. Explain to them what you are doing. Keeping their curtains and doors closed."
- Staff promoted and encouraged people's independence. A staff member told us, "Give [people] independence to wash themselves such as their faces [and] encouraging them to dress themselves."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and those who were important to them were involved in planning their care and people said the care they received met their needs. A relative said, "[Staff] include us all of the time and encourage [relative]." Another relative told us, "We do think that staff are responding to [relative's] needs."
- The care plans reflected people's care needs and were reviewed regularly.
- People's care plans contained information about their life history, likes and dislikes and wishes and staff had guidance on how each person liked to be cared for. For example, what time they usually liked to get up or go to bed and what activities were important to them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff knew how to communicate with people and care plans contained information about people's communication needs and any sensory support or adaptations they required. One relative told us, "Staff do communicate with [relative] well." One staff member said, "We have people who just have facial and gestures to communicate. We have to learn new ways to communicate with them. We can use flash cards with objects on them or points to objects of reference."
- Information in the form of photographs, pictures and clear signage was displayed around the home. This helped people to understand where they were and enabled them to find their way around.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People engaged in a wide range of activities in the home and in the local community. A relative commented, "There are daily activities as well as a wine and cheese party, [and] garden party." Another relative said, "Staff are very encouraging to [relative] to take part in activities but, [relative] is generally happy with their own company but does enjoy the singers."
- Activities offered to people included quizzes, arts and crafts, baking and entertainers visiting the home. We spoke to the lifestyle coordinator who ran activities for the home. She told us they recently had pigmy goats visit the service and was introducing arm chair yoga and a book club. The home provided transport to people to do activities in the community such as shopping, pub lunches and visiting the seaside.
- People's cultural and religious needs were respected when planning and delivering care. Records showed people had discussions of their spiritual faith during the care planning process.

- People were supported to attend spiritual services. Services were also held at the home for people to attend. One staff member said, "We have had various religions. We do have lots of people who do [spiritual service] once a week. If they can't get out, we get someone to deliver it. It is all written in their care plans."
- People were encouraged and assisted to maintain and remember relationships that were important to them. People were supported to stay in touch with friends and family. One relative said, "We can come in anytime."

Improving care quality in response to complaints or concerns

- The registered provider's complaints policy was displayed within the home.
- People, and their relatives told us they knew how to make a complaint or raise a concern. A person said, "If I had concerns I would speak to [staff]."
- Complaints were recorded, and records showed complaints were resolved as per the home's policy
- The complaints records contained information about when the complaint was made, description of the complaint, actions taken and the outcome.

End of life care and support

- The provider had a policy and systems in place to support people with their end of life care needs.
- At the time of our inspection, the service was supporting one person with end of life care needs.
- Where people wished to discuss their end of life care preferences, these were recorded with personalised detail in their care plan. For example, one end of life care plan stated that the person wanted fresh scented flowers and jazz music playing in their room when they were at the end of life.
 - Staff understood people's needs, were aware of good practice and guidance about end of life care, and respected people's religious beliefs and preferences. One staff member said, "[Person] is under the district nurses with end of life medication. Her environment revolves around her room. We have an end of life care [plan]. We need revisit to the little things, like the music she may like or smells she may like to remind her of Christmas."
- Staff had received end of life care training and worked closely with other professionals to make sure people received coordinated care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and their relatives told us they got on well with the senior management team and were happy with the service provided. One person said, "[Registered manager] is very good." Another person commented, "I visited here a long time ago. I told my [relative] that if I ever needed to go in to a home, it should be this one." A relative told us, "[Registered manager] is fantastic. The office door is always open and [registered manager] gave us an email address so that we could contact her at any time." Another relative commented, "[Registered manager] fantastic. No complaints. [Registered manager] spends time with us and [relative]."
- Many of the staff had worked for the home for a long period of time. This enabled positive relationships to develop. One staff member said, "I love it. I don't feel I am going to work. Feels like I am going home." Another staff member told us, "I love the [staff] I work [with]. They are amazing. [People who used the service] are lovely. You get to know them as you are not rushing around, shifts are planned well, nice environment to work in. I felt welcomed straight away."
- Duty of candour requirements were met. The registered manager had a good understanding of duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.
- The provider regularly implemented innovative schemes to promote, recognise and empower staff. For example, the provider held an annual staff awards event called hearts of gold. One staff member said, "We have the heart of gold awards. Everyone gets a certificate who is nominated. We have a buffet and drinks. It is very nice." The registered manager told us, "Everyone nominated gets written to by our director. That really values people."
- The provider also recognised the importance of valuing and thanking staff for their dedication. Each year the service has a week dedicated to thanking the staff with rewards each day. This included an ice cream truck visiting the home, a massage therapist visiting staff and gifts of sweets and hot food.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was visible about the service and was responsive to the needs of people and supported staff well. They told us they felt well supported by the provider with access to support and resources to manage the service effectively.
- Staff told us the registered manager and senior staff were supportive and approachable. Their comments

included, "[Registered manager] is very good and supportive. Firm but fair. She knows what needs to be done in the correct way. You could ring her at night and she would come in. She can put herself in your shoes. She is remarkable", "[Management] do listen to me. They are amazing" and "It's lovely. We are one big family."

- The provider had effective systems and processes in place to enable the registered manager to have oversight of the management of the regulated activity.
- The registered manager conducted a monthly audit of the home. The audit looked at the home environment, exterior of building, medicines management, medicines audits, care records, review of pressure ulcer audits, complaints, statutory records, staff files, maintenance and domestic, health and safety, training records, health and safety, supervision, social activities, and privacy and dignity. Records showed an action plan with outcomes was completed when concerns were found.
- The business manager conducted a monthly audit of the home which looked at such things as care records and the home environment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place to enable people, staff and relatives to give feedback. The provider carried out surveys with people, relatives, and staff.
- The latest annual survey conducted December 2018 indicated that people and their relatives were happy with the service provided. Comments included, "We are delighted with the care given to [relative]. Without exception, all staff at The Spinney are extremely friendly and professional. [Relative] has been with you since August and our family has been made to feel most welcome, actually part of the Spinney family" and "Fabulous care with lovely staff. Could not ask for better care."
- Resident and relatives' meetings were used to encourage people to raise suggestions regarding activities, staff awards, health and safety, staff update, complaints, and day to day running of the home. One relative told us, "There are relatives' meetings in the evenings."
- Various staff meetings were held on a regular basis. Topics included oral healthcare, record keeping, fire safety, medicines, training, accidents and incidents, infection control, and The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). One staff member said, "Monthly we get together have meetings on various things. It is good communication."

Working in partnership with others

- The registered manager worked in partnership with health and social care professionals to achieve good outcomes for people. One relative told us, "[Registered manager] has been trying to get social services to do an assessment. Up until now, the home has been unsuccessful, but she has a direct contact which we hope will push them."
- The service had good links with the local community, such as schools, dementia groups, spiritual services and other key organisations, reflecting the needs and preferences of people in its care.