

# Benton Care Limited

# Benton House

## Inspection report

Gattison Lane  
Rossington  
Doncaster  
South Yorkshire  
DN11 0NQ  
Tel: 01302 863188  
Website: [www.selecthealthcaregroup.com](http://www.selecthealthcaregroup.com)

Date of inspection visit: 1 & 10 December  
Date of publication: 22/01/2016

### Ratings

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

### Overall summary

This inspection took place on 1 and 10 December 2015 and was unannounced on the first day. The home was previously inspected in August 2014 and the service was meeting the regulations we looked at.

Benton House is situated in the village of Rossington near Doncaster. The service is registered to provide both nursing and personal care for up to 34 people. At the time of our inspection there were 34 people living at the service.

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.

# Summary of findings

People who used the service and their relatives we spoke with told us the service provided good care and support. They told us they felt safe, the staff were caring, kind and respected their choices and decisions.

Medicines were stored safely and procedures were in place to ensure medicines were administered safely. However we identified some areas that required improvement, these had been identified in an audit and were being addressed.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a good understanding and knowledge of this and the registered manager had assessed people who used the service to determine if an application for a DoLS was required.

People were supported with their dietary requirements. We found a varied, nutritious diet was provided. People we spoke with told us they enjoyed the food. From our observations we saw people enjoyed their meal.

We found staff approached people in a kind and caring way which encouraged people to express how and when they needed support. We saw staff respected people's privacy and dignity and spoke to people with understanding, warmth and respect.

People's needs had been identified, and from talking to people and observing staff supporting them, we found their needs were met by staff who knew them well. Care records we saw detailed people's needs.

There were robust recruitment procedures in place, staff had received formal supervision. Qualified nursing staff had also received a monthly clinical supervision. Staff also received an annual appraisal of their work. These ensured development and training necessary to support staff to fulfil their roles and responsibilities was identified. Staff training was up to date which, ensured staff had the knowledge to meet people's needs. We found that there were enough staff to keep people safe, although people told us there were times when staff were very busy. A new activities coordinator had been employed and had commenced in post the week of our inspection.

There were systems in place for monitoring quality, which were mostly effective. Although the registered manager had identified the medication audit required improvement. However, where improvements were needed, these were addressed and followed up to ensure continuous improvement.

We found some people who used the service were living well with dementia. However, **we have made a recommendation** that the provider consider best practice guidance in relation to the use of contrasting colours on doors and walls and in particular table cloths and crockery. This will enable people to orientate themselves and improve visually the meals for people living with dementia, when served on contrasting crockery.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard people.

People's risks were assessed appropriately and care plans provided guidance on supporting people in ways that minimised risks and promoted independence.

Medicines were received and stored safely. However some errors had been identified and action was being taken.

There was enough skilled and experienced staff to meet people's care needs.

Good



### Is the service effective?

The service was effective.

People's care was delivered effectively. Staff and people were confident that the staff had the skills and knowledge they needed to meet people's needs.

People were supported in line with the principles of the Mental Capacity Act 2005. Staff promoted people's ability to make decisions and acted in their best interests when necessary.

People's nutritional needs were met. The food we saw, provided variety and choice and ensured a well-balanced diet for people living in the home.

Good



### Is the service caring?

The service was caring

It was clear from our observations and from speaking with people who used the service, staff and relatives that all staff had a good understanding of their care and support needs and knew people well. We found that staff spoke to people with understanding, warmth and respect, and took into account their privacy and dignity.

Good



### Is the service responsive?

The service was responsive

People's health, care and support needs were assessed and reviewed. We found staff were knowledgeable on people's needs and their needs were being met.

Care plans provided staff with guidance on how to meet people's needs and their preferences.

There was a complaints system in place. The complaints procedure was available to people who used the service and visitors. We found people were listened to.

Good



### Is the service well-led?

The service was well-led.

There was a registered manager in post.

Good



# Summary of findings

There were systems in place for monitoring quality of the service provided. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Meetings were held for staff and people who used the service. These ensured good communication and sharing of information. The meetings also gave staff and people opportunity to raise any issues.

# Benton House

## 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 1 and 10 December 2015 and was unannounced on the first day. The inspection was undertaken by an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care

Quality Commission by the manager. We also spoke with the local authority commissioners, contracts officers and safeguarding. They told us they had confidence in the registered manager to lead the staff at the service.

As part of this inspection we spent some time with people who used the service talking with them and observing support, this helped us understand the experience of people who used the service. We looked at documents and records that related to people's care, including two people's support plans. We spoke with four people who used the service and six relatives.

During our inspection we spoke with four care staff, the activities coordinator, two nurses, the cook and the registered manager. We also spoke with the operations director on the second day of our inspection. Following the visit we also contacted two health care professionals to seek their views. We also looked at records relating to staff, medicines management and the management of the service.

# Is the service safe?

## Our findings

Relatives we spoke with told us they felt the home was a safe environment for their family members. One visiting relative told us their relative had Parkinson's and Dementia, said, "Safe yes, they are really well looked after. We came here because they weren't safe at the last home, they kept falling. They don't seem to fall here."

Another relative told us, "(relative) has a mat on the floor of their bedroom. They tell me (relative) gets up early in the morning staff see them and they have a cup of tea and go back to sleep."

Another relative we spoke with told us they felt their relative was safe in the home, they said, "If he's getting up they are always one step behind him, I've no worries."

We spoke with staff about their understanding of protecting people from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They were aware of the local authorities safeguarding policies and procedures and would refer to them for guidance. They said they would report anything straight away to the person in charge.

The staff told us that there were policies and procedures to manage risks. There were emergency plans in place to ensure people's safety in the event of a fire or other emergency at the home. Risks associated with personal care were well managed. We saw care records included risk assessments to manage risks of falling, risk of developing pressure sores and risks associated with nutrition and hydration.

One visiting relative told us, "Residents are in advanced stages of dementia, some scream and shout. The staff seem spot on in managing that, they seem to know what they are doing, calm them, say come on and take them for a little walk, get them a cup of tea." This shows staff manage the risk of people presenting with behaviour that may challenge.

Another Visitor said they had witnessed some incidents that could have been nasty. They told us, "I saw one man was shouting and abusive and a woman was shouting and going to cause a fight. They (staff) just talk to them, calm them down, move them away." They said staff always managed these incidents very well.

Incidents we saw when staff were calming situations, showed staff moved people who were distressed or causing disruption and then left them unattended. We saw that at one point a person who had been very vocal was left sitting in the dining room alone for a significant amount of time. It could be said that although staff had responded correctly to a situation they did not have the time to do more to address the emotional and physical needs of those causing disruption. We discussed this with the registered manager who explained some people are left alone as this is how they have found is best to manage the situation for them. Because if staff go to them they become even more distressed. However they told us they would look at this again to ensure this was the best solution.

During our visit we observed there were sufficient staff on duty to meet people's needs. Most relatives we spoke with told us they felt there were sufficient staff on duty. One relative said, "They seem to have lost some lately, I haven't seen as many. I think there's enough on though." Another relative said, "Generally there is enough staff on duty, yes."

From our observations we had some concerns regarding cleanliness, infection control and safety. The main area of concern was the laundry. We found this was extremely dirty and poorly maintained. We understand that a new boiler had just been fitted and the pipework to this was still to be boxed in. However, the poor condition of the laundry area extended beyond the outstanding work. Rubbish, debris and dirt had collected behind the two main washing machines. The outside wall was in very poor state of repair and bare brickwork was exposed in places. Unused vent pipes had not been capped. Surfaces and floors were dirty and stained and did not appear to have been cleaned or wiped down for some significant time.

The sink in the dining room had a hole in the stainless which should have a "blank" fitted. This meant water and waste was able to flow down onto the cupboard below. The floor of the cupboard was badly stained and had food waste on it. We also found the communal bathroom downstairs was dirty the bath chair and raised toilet seat were not clean. We found other areas of the service to be kept clean, bedroom, dining room, lounge and corridors. We discussed the areas we found that were not kept clean with the housekeeper who explained the laundry was the

## Is the service safe?

responsibility of the laundry staff and that the domestics had been unable to access the bathroom to clean that day as it was being used. They also said that care staff should clean the bath chair and toilet seat between uses.

We discussed this with the operations manager on the telephone. When we returned on the second day of our inspection we found works had already been carried out in the laundry and it had been thoroughly cleaned. The floor covering was still to be replaced but this had been ordered. We were told that the audits and quality monitoring had also been revised to ensure these areas were regularly checked to ensure they were maintained in a good state of repair and cleanliness.

Relatives who we spoke with told us that they felt the home was clean. One visiting relative told, “(relatives) room is always clean. The other week I said it didn’t smell right and the cleaner dealt with it straight away.” Another relative said “I think it’s clean, the bedrooms are always clean.”

Another visitor said “It’s spotless. They always get the cleaning stuff out and clean stuff up straight away.”

The provider’s staff recruitment procedures helped to minimise risks to people who lived at the home. Applicants were required to complete an application form which detailed their employment history and experience. Applicants had not been offered employment until satisfactory references had been received and a satisfactory check had been received from the Disclosure and Barring Service (DBS). This helped employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

We looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs) for two people.

Medicines were stored safely, at the right temperatures, and records were kept for medicines received,

administered and returned. However we identified some errors, which included the amount carried over from the previous month’s supply, was not always recorded on the MAR. One medication had been signed as given for a number of days but the number left in stock did not tally with the amount given so it was not possible to determine if this had been administered as prescribed. Another medication when checked had more tablets left in stock than should be if number administered was correct, therefore medication had not been given as prescribed. When we discussed this with the staff member they explained that they were using some agency nursing staff and because of this some errors were occurring. The registered manager had followed procedures when errors had been identified and was ensuring lessons were learnt from the mistakes to ensure they did not reoccur.

The registered manager told us that medication audits as a result of the errors were to be carried out every two weeks to ensure staff were following correct procedures and administering medication safely and as prescribed. We were told these would continue two weekly until they felt staff were competent in following correct procedures.

Staff were able to explain how they supported people appropriately to take their medication that was prescribed as and when required. For example pain relief and were aware of signs when people were in pain, discomfort, agitated or in a low mood to ensure they received their medication when required.

We also checked the controlled drugs, these are drugs currently controlled under the misuse of drugs legislation. We found these were all recorded and administered appropriately.

Visitor we spoke with were happy with how medication was administered. One visiting relative said, “They discuss any changes with me, and my relative takes very little now.” Another relative said, “I think (relative) is taking medication but the staff look after that.”

# Is the service effective?

## Our findings

People's nutritional needs had been assessed and people's needs in relation to nutrition were documented in their plans of care. We saw people's likes, dislikes and any allergies had also been recorded. We saw there was a good choice of food available in the service and there were snacks and fresh fruit available if required.

Relatives told us the food at the home was good. One person we spoke with said, "The food is good, that's the main thing. I don't know if there is a choice but it doesn't matter as long as it's good." A visiting relative told us the food was, "Absolutely excellent, can't fault it. Plenty of variety, plenty of choices and if they want more they can have more." Another relative said, "The food is brilliant, (Relative) eats really well. On Sunday we came and it was roast turkey dinner. It looked really good." Another relative said, "It's very, very good, can't fault the food at all." Another said the food was "very good." And another said, "The meals are fantastic. We look at the menu and the food smells good."

We spent time in the dining room during lunch time meal service. The meal was divided into two servings. This enabled staff to give support to people who required assistance with eating. The tables were set well with cloths, cutlery, glasses, cloth napkins and menus with text and pictures.

We saw care staff asked people what they would like to eat and showed them examples of the two hot meal choices. We saw that when they did this care staff got down to eye level with people and explained the choices in a kindly, non-patronising manner.

We saw that care staff were helping two people with their meals. We saw that they were doing this in a kindly, patient manner at the person's pace and were constantly talking to, and reassuring, the person.

We saw that staff in the dining room were very attentive and were constantly checking that people were alright.

We saw that at one point a person began trying to cut the table with a knife and that a care worker responded immediately, calming and reassuring the person and gently replacing the knife with a fork and encouraging the person to eat their meal.

We saw that staff encouraged people to eat their meals, offered refills of drinks and encouraged people to drink. We found the meal experience was calm and pleasant for people.

We also observed during the inspection that all people were given and encouraged to take drinks at different times during the day. We saw a tea trolley taken around in the morning and all people were offered a drink and a biscuit. In the afternoon we again saw a drinks trolley taken around and people offered drinks and biscuits and fresh fruit, grapes and bananas.

The registered manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). The DoLS requires providers to submit applications to a 'Supervisory Body' for authority to do so. The registered manager had assessed people who lived at the service at the time of our inspection and had submitted applications.

People were supported to maintain good health, have access to healthcare services and received on going healthcare support. We looked at people's records and found they had received support from healthcare professionals when required. We spoke with two health care professionals following our inspection who told us, "Throughout my contact with the home I find them to be patient centred and focussed on delivering high quality care. Over the past 2 years I had no issues in terms of quality of care."

Staff we spoke with said they had received training that had helped them to understand their role and responsibilities. We looked at training records which showed staff had



## Is the service effective?

completed a range of training sessions. These included managing behaviours that may challenge, infection control, safeguarding of vulnerable adults, fire safety, and health and safety.

Staff records we saw showed staff had received supervision in line with policies. Staff we spoke with also confirmed they had received supervisions and support. Staff told us they worked well as a team and were well supported. The registered manager told us that during supervisions she discussed training requirements with staff to ensure they kept their knowledge up to date to meet people's needs.

People who used the service were living well with dementia, we saw some adaptation to help people with dementia to move and orientate themselves around the home. There were hand rails in the upstairs corridors and these were a different colour to the walls to assist people.

Since our last inspection many improvements had been made to the environment to help people who used the service. However, there were no hand rails on the ground floor in communal areas. Bedroom doors and service doors were all painted the same colour, white which could cause confusion for people with dementia. We also saw at lunchtime that the table cloths were a pale colour and crockery was white which could cause some confusion for people living with dementia. We discussed this with the registered manager who agreed to look into further ways to improve the environment for people living at Benton House. **We have recommended** that the provider continues to find out more based on current best practice, in relation to the specialist needs of people living with dementia. In particular using different colours for door and contrast in colours for the table cloths and crockery.

# Is the service caring?

## Our findings

We spent time in the communal areas with people who used the service. From conversations we heard between people and staff it was clear staff understood people's needs, how to approach people and when people wanted to be on their own. People we spoke with praised the care staff and said that the staff were very good.

During our observations we saw that the communal lounge and the adjoining conservatory and small lounge/dining area did appear "chaotic" and without focus at times. Much of this would appear to be due to the fact that almost all people in the home were living with dementia and many people were at the end stage. Therefore a great deal of staff time was taken up helping people stay safe. For example ensuring people were safe when walking, moving them away from others who were showing signs of distress or agitation, calming those who were apparently distressed or agitated.

Consequently, and out of necessity, many interactions we observed from staff were task orientated. However, all the interactions we saw between staff and people who used the service were kindly, caring, non-patronising and not over familiar.

People we spoke to shared this view. One visiting relative said, "Sometimes it looks like chaos but it is their home. They are all individuals and are treated as individuals so if they want to get up and walk they do. You have some who shout." They then added that staff handled this well saying, "I've never heard a member of staff raise their voice. Certainly never seen any aggression from staff. They just calm them down, get on with it, they obviously prioritise what needs dealing with first."

A visiting relative said, "The staff never stop, they're so busy running around after them, some (people) are very disruptive at times, it's not a criticism of staff but they have to spend so much time watching and fetching."

Another relative said, "When I first came in I was horrified. It was all noisy and people all over the place. I honestly didn't want to leave (relative) and it upset me. But it is a really caring environment. I'm happy now. I know they looked after."

One visiting relative told us care at the home was, "Excellent" said in regard to their relative, "When we first came he'd been in a previous home he'd been aggressive and other homes wouldn't have him, they are able to meet (relatives) needs."

People we spoke with told us the staff at the home were caring. One person said staff were "Very good, we are treated well."

People told us that staff treated them with respect. A visiting relative said, "Very caring, do treat them with respect". Another said, "They definitely treat them with respect, I've never seen them shouting or berating any patients."

Another said, "They (staff) talk to them like adults. There's some (residents) who want to pull all their clothes off and they (staff) are very quick to cover them up, help them keep their dignity." During our observations we saw that when one person pulled their trousers and underpants down in the dining room a care worker immediately went to them pulled up their clothes and talked and reassured them in a kindly manner.

People told us they felt that personal care was generally very good. A visiting relative said in regard to their relative, "They change (relative) as soon as it's needed if they are wet. I've never come here and found them upset in any way." Another relative said, "They keep (relative) clean, they have clean clothes on every day."

Another relative who said their relative had been in other homes told us, "They seem to dress them better here, they always seem to co-ordinate their clothes." The only concern we had raised regarding the home was bath times, some relatives would like to see people having more regular baths. One relative said, "Only thing I worry about is bath times. I think once a week isn't sufficient."

Visiting relatives told us they felt welcome at the home and could visit at any time they wished. One relative told, "They (staff) make me very welcome. Always a cup of coffee when you walk in." Another said, "I find them (staff) very, very friendly. I haven't got a bad word for them. The Chef normally greets you with a cup of tea, if you want to stop for your dinner you can do, they don't charge you." And another said, "I like the environment, it's relaxed, it's friendly. Staff talk to you."

## Is the service caring?

Relatives who we spoke with told us that they had discussed end of life plans for their family members. One visiting relative said, “An end of life plan has been discussed and agreed.” We saw where people who used the service were able to be involved, this had happened.

People had access to advocacy services this ensures people’s views and beliefs are sought. This information then helps decision-makers, like doctors, reach decisions which are in the best interests of the person concerned.

People’s confidentiality was respected and all personal information was kept in a locked room. Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people’s care needs with us they did so in a respectful and compassionate way.

# Is the service responsive?

## Our findings

Relatives and people who used the service who we spoke with told us the staff were good and provided support that met their needs. We also observed staff respond to people's needs. Staff we spoke with understood people's needs and explained to us how they met their needs. Staff were also able to explain to us how each person responded differently and this required different approaches and methods, this evidenced staff were responsive to individual's needs.

Relatives we spoke with were aware of care plans but their involvement in it was mixed. One visiting relative said in regard to her relative's care plan. "Yes, me and my sister in law sat with the previous manager and did it; I've seen it and signed it."

Another relative told us they were actively involved in their relative's care planning saying, "Care plan, yes, seen it, gone through it, have raised some issues." Another said, "I know there is one but I don't know much about it, I don't know if I've signed anything."

We were told that the home did organise activities for people. These included dominoes, connect four, trips out. For example trips to Cleethorpes, visits to the local market and cafes. Outside entertainers were used. Relatives we spoke with told us they understood how difficult it was to get some people to participate but they stressed that staff "did try."

One relative said, "(family member) doesn't do anything. They used to like drawing and used to do jigsaws but they won't join in now, that's their choice. They do plenty of things. They have been taken (relative) down to the local café. They went to Cleethorpes and they enjoyed that. They have a summer fete."

Although we were told of these activities we saw little during the course of our visit which could perhaps have provided some central focus for people. However, when we spoke with the activities coordinator they told us they were new in post they had only started the week of our inspection. The activity co-ordinator told us she had a qualification in 'Designing and Delivering Arts Activities' gained at Doncaster Community Arts Centre and therefore

wanted to incorporate more "arts and crafts" into the activity programme. We were impressed by her enthusiasm, apparent knowledge and plans for activities in the home.

She told us she had not set a new programme of activities yet but that she had already begun building resources to expand the activities already being delivered. She acknowledged the difficulty of working with the numbers involved saying, "There's a lot (of residents) here that's why you've got to get staff involved." She told us she was in the process of getting more "fancy dress costumes" as "Buying in external artists and entertainers is nice but costly so I'm wanting to get staff involved more."

She told us she wanted to introduce "Emotional Therapy" and was already sourcing material for example had just purchased a pram from a charity shop, to use in reminiscence work.

We were told that the home had good relations with the local community. The activity co-ordinator told us, "I'll be going down to the café and Arts and Craft Centre with some residents, they have a sensory room and garden, and they (staff at the centre) are going to be helping us in the garden in summer. We saw that in the afternoon the activity co-ordinator took at least one person out."

During our visit we did see care workers on two occasions doing one to one activities with two people, one playing a game and another doing some art work with a person. The television was on in the main lounge all the time of the visit but few appeared to be watching this. Certainly in the afternoon when there were 15 people in the lounge there was snooker on the television and no-one was watching this. We discussed this with the registered manager who told us the activity coordinator was getting to know people and then they could organise activities to suit individual's social stimulation needs.

We saw that when people were at risk, health care professional advice was obtained and the relevant advice sought. Health care professionals we spoke with told us the staff were very knowledgeable on how to meet and respond to people's needs. One health care worker told us, "The person I have come to see has not lived here long but has improved considerably in the time they have been here, the staff are fantastic."

The registered manager told us there was a comprehensive complaints policy this was available to everyone who

## Is the service responsive?

received a service. The procedure was on display in the service where everyone was able to access it. The registered manager was able to explain the procedure to ensure any complaints or concerns raised would be taken seriously and acted on to ensure people were listened to. Complaints records we saw showed these were investigated thoroughly.

No one we spoke to told us they had made “formal complaints” but felt they could and would if there was a need to. Some told us they had put concerns in writing to the registered manager. All people spoken to about this told us that the registered manager had listened and that all issues had been addressed.

# Is the service well-led?

## Our findings

At the time of our inspection the service had a registered manager. The staff members we spoke with said communication with the registered manager was usually good and they felt supported to carry out their roles in caring for people. They said they felt confident to raise any concerns or discuss people's care at any time.

All staff we spoke with told us they received regular supervision and support. Staff also told us they had an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager and their manager. The reports included any actions required and these were checked each month to determine progress. The registered manager agreed the quality monitoring of the medication could be improved, which she was intending to carry out.

The registered manager told us staff completed daily, weekly and monthly audits which included environment, infection control, fire safety and care plans.

There were regular staff meetings arranged, to ensure good communication of any changes or new systems. However some staff felt the meetings were positive at the time then thought the actions were not followed through. We discussed this with the registered manager who agreed to at the end of each meeting to document the actions and ensure someone was responsible to implement or resolve the action. They said they would then discuss action at each meeting to identify progress.

Staff also told us there were "Flash Meetings" for Heads of Departments at 10 am every day, these being attended by the Senior Carers, Head Cook, Nurse, Activity Co-ordinator, Handy man, Housekeeper and Manager. These meetings discussed plans, concerns, doctors' appointments and any other issues arising. This ensured there was good communication between staff.

Relatives told us the home did hold Resident and Relatives' Meetings on a monthly basis though not all could or did attend. One relative said, "Yes, but I can't go, they send a letter about them." Another said in regard to relatives' meetings, "We have a list of them in advance. They were once a month but not enough came so they altered the times and days. It's always the same people."

Another relative said regarding the meetings, "There's a notice on the board. I've been to one. You can air your views and they seem to take it in." Another relative said, "I come to them all, they are alright I say what I think, other people don't always speak out. Some come, some don't."

We found that recorded accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified. We saw the records of this, which showed these, were looked at to identify if any systems could be put in place to eliminate the risk.

Health care professionals we spoke with also told us the service was well managed. They said, "I find the manager a very good leader who has a clear vision of how she sees the home being run."

Relatives told us they felt that the manager and staff were approachable. One relative said, "You can go to staff, you can talk to most of them."