Thornwood Care Limited

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Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 31 March and 04 April 2016 and was unannounced. Thornwood was last inspected on January 2014 and no concerns were identified.

Thornwood is a care home for up to 16 older people that require support and personal care and who live with a dementia type illness. At the time of the inspection there were 14 people living in the home. The home is owned by Thornwood Care Ltd and is located in Bexhill, East Sussex.

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

The home was well maintained and communal lounges comfortable and homely. However communal bathrooms and some peoples' bedrooms were stark and unwelcoming. This was identified as an area for improvement and on the second day we found that improvements had already been progressed.

Not everyone could tell us of their experiences, but those that could spoke positively of the home and commented they felt safe and well cared for. Our own observations and the records we looked at reflected the positive comments people made. However some people also told us they were 'bored'. We were told that "Not a lot goes on."

Care plans provided basic information about people in a person-centred way. People's personal histories had been recorded and their preferences, likes and dislikes were documented so that staff knew how people wished to be supported.

There were enough staff to ensure people were supported safely and when required to accompany people to appointments. Some people went to out with family during the day and staff supported people to remain in contact with families. Complaints were dealt with in line with the provider's policy.

People had confidence in the staff to support them and we observed positive interactions throughout our inspection.

People were protected from harm by trained staff who knew how to keep people safe and what action to take if they suspected abuse was happening. Potential risks to people had been identified and assessed appropriately. When accidents or incidents occurred, risk assessments were updated as needed. There were sufficient numbers of staff to support people and safe recruitment practices were followed. Medicines were managed safely.

Staff had received all essential training and there were opportunities for them to study for additional

qualifications. All staff training was up-to-date. Regular supervision meetings were organised and annual appraisals were undertaken. Team meetings were held and staff had regular communication with each other at handover meetings which took place between each shift. Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005. The registered manager was and had, sought authorisation for people under the Deprivation of Liberty Safeguards legislation. People were supported to have sufficient to eat and drink and to maintain a healthy diet. They had access to healthcare professionals.

Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and these were communicated to staff in a variety of ways – verbally and through physical gestures or body language. People were involved in decisions about their care as much as they were able. Peoples' privacy and dignity were respected and promoted. Staff understood how to care for people in a sensitive way and ensured people were listened to.

People and visitors felt they could express their views and discuss any issues or concerns with staff and with the registered manager. The provider organised annual surveys for friends, relatives and staff to feedback their views about the service. The culture of the service was friendly and caring. Regular audits measured the quality of the care and service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from harm by trained staff. Risk assessments were in place.

Staffing levels were sufficient to keep people safe and the service followed safe recruitment practices.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had received all essential training and this was up to date. There were opportunities for staff to take additional qualifications.

Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005.

People had access to a choice of food and specialist diets were catered for. A variety of health care professionals supported people to maintain good health.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Areas of the home were functional and not welcoming. Peoples bedrooms did not reflect their preferences, interests or family involvement.

Positive, caring relationships existed between people and the staff who looked after them.

People were encouraged to express their views and communicated these in a variety of ways.

People's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

Care plans provided information so that staff could support people in a person-centred way.

People were encouraged to pursue their hobbies and interests. Other activities were also available according to people's preferences.

Complaints were acted upon in line with the provider's policy. No complaints had been received in the last year.

Is the service well-led?

Good

The service was well led.

People gave their feedback about the service provided by communicating their views to the staff in the home.

Staff were supported to question practice and asked for their views about working at Thornwood in staff meetings and supervisions.

Regular audits took place to measure the quality and safety of the service provided.

Thornwood Care Limited

Detailed findings

Background to this inspection

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

This inspection took place on the 31 March and 04 April 2016 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, the provider completed 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 any improvements they plan to make. We reviewed the information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

We observed care and spoke with people and staff. We spent time looking at records including four care records, three staff files, medication administration record (MAR) sheets, staff rotas, the staff training plan, complaints and other records relating to the management of the service.

On the day of our inspection we met with eleven people living at the service. Due to the nature of people's complex needs, we did not ask direct questions. For some people, being asked questions by an inspector would have proved too distressing. We did, however, chat with people and observed them as they engaged with their day-to-day tasks and activities. We spoke with the registered manager, the team leader, an administrator and three care staff members.

Good

Is the service safe?

Our findings

People told us they felt safe and were confident the staff did everything possible to protect them from harm. They told us they could speak with the manager and staff if they were worried about anything and they were confident their concerns would be taken seriously and acted upon, with no recriminations. People told us, "I feel safe." "I trust and like the staff," and "I feel safe both with the building and the staff."

Staff received training on safeguarding adults. All staff confirmed this and knew who to contact if they needed to report abuse. They gave us examples of poor or potentially abusive care they had seen during their careers in care and were able to talk about the steps they had taken to respond to it. Staff were confident any abuse or poor care practice would be quickly spotted and addressed immediately by any of the staff team. Policies and procedures on safeguarding were available in the office for staff to refer to if they needed.

People's risks were well managed. Care plans showed each person had been assessed before they moved into the home and any potential risks were identified. Assessments included the risk of falls, challenging behaviour, nutritional risks including the risk of choking and weight gain and loss due to specific medicines. Care documentation also highlighted health risks such as diabetes. Where risks were identified there were measures in place to reduce the risks as far as possible. All risk assessments had been reviewed at least once a month or more often if changes were noted. For example, skin deterioration.

Information from the risk assessments were transferred to the main care plan summary. All areas of the care plan had been updated when risks had changed or when suggestions and advice had been sought from health care professionals. This meant staff were given clear and up-to-date information about how to reduce risks. For example, one person had specific behaviours that challenged and caused distress. This was reviewed and discussed regularly with all members of support staff to identify triggers and how best to manage these. This meant that the management of risk to the person was managed and their safety promoted.

There were enough staff on duty each day to cover care delivery, cooking, maintenance, cleaning and management tasks. People told us there was always sufficient staff on duty to meet their needs. One person told us, "I have not got any worries, plenty of staff to help." Another said, "Can't remember ever missing out because no one there to take me." The staffing levels had just been increased as audits had identified that staff struggled with tasks such as cleaning as residents' needs changed on a daily basis.

The rota showed where alternative cover arrangements had been made for staff absences. The manager told us staffing levels were regularly reviewed to ensure they were able to respond to any change of support needs. Staffing levels were sufficient to allow people to be supported when they needed it. We saw staff giving people the time they needed throughout the day, for example when one person wanted to 'stretch their legs' in the gardens. Another person accompanied staff to the local shop and was supported to go out regularly with their family. This had ensured people were supported to maintain their independence and freedom.

People told us their medicines were administered safely. Comments included "I get my pills as I need them." Another said, "I can rely on the staff to give me my tablets on time and that is so important." There were systems in place to manage medicines safely. Selected senior care staff were trained in the administration of medicines. A senior care staff member described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks and cleaning of the medicines fridge and storage room. This ensured the system for medication administration worked effectively and any issues could be identified and addressed.

We saw a senior care staff member administering medicines sensitively and appropriately. The care staff member administered the medicines individually to the person and we saw they were checked and double checked at each step of the administration process. The staff also checked with the person that they wanted to receive the medicines and asked if they had any pain or discomfort. Nobody we spoke with expressed any concerns around their medicines.

Medicines were stored appropriately and securely and in line with legal requirements. Medicines were supplied by a local pharmacy in weekly blister packs. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

Policies and procedures on all health and safety related topics were held in a file in the staff office and were easily accessible to all staff. Staff told us they knew where to find the policies. One staff member referred to the home's mental capacity policy that was recently updated to reflect the changes to the Mental Health Act. This meant staff were kept informed of changes to legislation and promoted safe practice.

Records showed that all appropriate equipment had been regularly serviced, checked and maintained. Fire safety equipment, water safety, electricity and electrical equipment were included within a routine schedule of checks.

During our visit we looked around the home and found all areas were safe and well maintained. One person said, "Someone comes and helps me clean my room." The main cleaning of the home was undertaken by contracted cleaners and this included the communal areas. Staff undertook the day to day cleaning of peoples bedrooms. We identified that there was a lack of hand washing facilities in bathrooms and this was explained that staff had tidied them away. When discussed with the registered manager we were told that staff had put them away when we entered the building and was not normal practice as they were liquid soap dispensers and risk assessed as safe.

People were protected, as far as possible, by a safe recruitment system. Staff told us they had an interview before they started work. The provider obtained references and carried out disclosure and barring service (DBS) checks. We checked five staff records and saw that these were in place. Each file had a completed application form listing staffs previous work history and skills and qualifications.

Good

Is the service effective?

Our findings

People we spoke with told us, "Good food, not too fancy but tasty," and "I see the doctor when I need to, I have also been to the hospital for my appointment and seen an optician." Visitors had confidence that the staff would seek doctor's advice when required.

People were supported to maintain good health and received on-going healthcare support. People commented they regularly saw the GP, chiropodist and optician and visiting relatives felt staff were effective in responding to people's changing needs. Staff recognised that people's health needs could change rapidly as they get frailer. One staff member told us, "We monitor for signs, changes in their mobility and eating habits which may indicate their health is deteriorating." At the time of our inspection two people's nutritional and mobility needs had changed and this was reflected in their individual care documents. Staff spoke of people's increased needs and how they now supported them.

Staff received training in looking after people, for example in safeguarding, food hygiene, fire evacuation, health and safety and infection control. Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were competent to work unsupervised. They received additional training specific to peoples' needs, for example, managing challenging behaviours, dementia care and end of life care. Additionally, there were opportunities for staff to complete further accredited training such as the Diploma in Health and Social Care. One member of staff said, "All the staff get training. I have completed NVQ's and now I am doing a level 5. We all complete mandatory training, really good training, lots of it." Another said they were currently doing person centred training. We saw that staff applied their training whilst delivering care and support. People were moved safely and they received assistance with eating and drinking, all undertaken in a respectful and professional manner. Staff also showed they understood how to assist people who were living with dementia and demonstrating some behaviours that were challenging. We saw staff dealing with someone who was distressed and staff managed them with skill and patience. One staff member said, "It's part of our job to make life good for residents, we prompt people to remind them of things." Another staff member said, "Some people help with tea and coffees, clear tables and clean their rooms."

Staff received supervision regularly. Feedback from staff confirmed that formal systems of staff development, including an annual appraisal was in place. The registered manager said, "It's important to develop all staff as it keeps them up to date and motivated." Staff told us that they felt supported and enjoyed the training they received. Comments included, "Really interesting and the seniors work with us on the floor to make sure we do things correctly."

Staff we spoke with understood the principles of the Mental Capacity Act (MCA) and gave us examples of how they would follow appropriate procedures in practice. There were also procedures in place to access professional assistance, should an assessment of capacity be required. Staff undertook a mental capacity assessment on people admitted to the home and this was then regularly reviewed. Staff were aware any decisions made for people who lacked capacity had to be in their best interests. We saw evidence in individual files that best interest meetings had been held. During the inspection we heard staff ask people

for their consent and agreement to care. For example we heard the staff say, "Shall I help you to the toilet."

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). During the inspection, we saw that the registered manager had sought appropriate advice in respect of these changes and how they may affect the service. There were people living at Thornwood Care Home with a DoLS in place and we saw that the documentation was competently completed in line with the guidance provided and was person specific.

People had an initial nutritional assessment completed on admission. Their dietary needs and preferences were recorded. People told us that their favourite foods were always available, "They know what I like and don't like, always give me my favourite drinks." Staff told us, "People have an assessment when they arrive. We can cater for vegan, diabetic and any other special diets. We also have people who need a pureed or soft diet. We make sure the cook knows who needs special diets."

People's weight was regularly monitored and documented in their care plan. Staff said some people didn't wish to be weighed and this was respected, "We notice how their clothes fit, that indicates weight loss or weight gain sometimes." The registered manager said, "The cook and staff talk daily about people's requirements, and we contact the Speech and Language Therapists (SALT) and GP if we need them." The staff we spoke with understood people's dietary requirements and how to support them to stay healthy. Staff discussed how they supported one person manage their weight as they knew that they were over their recommended weightThe person told us "I am a diabetic so all my food is sugar free, but my weight doesn't change much." The cook told us, "I have offered to cook sugar free desserts but x (name of person) prefers a yogurt."

We observed the mid-day meal service. Staff asked people if they were ready for lunch and where would they like to eat. Everyone chose to eat in the dining room. Staff set the dining tables for lunch with glasses, condiments, and napkins. People told us they looked forward to their meals. Comments included, "Really good food, I like the company." A menu was displayed in the dining area. Most people we spoke with knew what the lunch was. One person commented, "We can have what we like really." We saw that people had various meals on the day of our inspection which demonstrated that people received the food they wanted.

The food looked appetising and was well presented, and people were seen to enjoy their meals. Pureed food was presented in a colourful manner and separated so people get to eat individual flavours. The atmosphere was pleasant in the dining areas and staff recorded amounts eaten for those that were identified at risk and ensured people ate a healthy diet. We were told snacks were available during the evening and night if someone felt hungry. Not everyone was aware of this, but as one person said, "If I was hungry I would ask anyway." Fresh fruit was available as were a variety of cold and hot beverages.

Requires Improvement

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People stated they were satisfied with the care and support they received. People were fond of the care staff. One person said, "I like the staff here they are kind and sweet," another said, "They're all nice and the staff here are good." Our observations confirmed that staff were caring in their attitude to the people they supported. However we found that some peoples' bedrooms and the communal bathrooms were stark and unwelcoming.

We visited all areas of the home and found that the communal areas on each floor were comfortable and welcoming. However the bedrooms and communal bathrooms were functional and lacked personalisation. Some rooms looked unoccupied but were people's private space. There was a lack of thought by staff to the door plaques on individual doors that were used to help people identify their room. Many were random and had no connection to the person. Notice boards and white boards in peoples' rooms were empty and gave no indication of usage. Clocks were incorrectly set and therefore could confuse people. Furniture was mismatched and some drawers were broken. Bathrooms were cold and functional. There were no curtains or pictures that encouraged a person who lived with dementia to relax and enjoy bathing. The lack of thought in to peoples' surroundings was an area that requires improvement. This was discussed in full with staff and the registered manager. The staff took our comments seriously and following discussion and consultation with people addressed the issues. The positive difference to peoples' rooms and the communal bathrooms on the second day of inspection was significant. Peoples' family photographs were on notice boards in bedrooms and furniture had been changed, curtains were hung in bathrooms along with wall fixtures and pictures. Some white boards had the day and date as a reminder for people or families names following discussion with each person and where possible families. One person told us of the new door plaque to their room and said, "Reminds me of happy times."

We saw staff strove to provide care and support in a happy and friendly environment. We heard staff patiently explaining options to people and taking time to answer their questions. We also heard laughter and good natured exchanges between staff and people throughout our inspection. One person said, "Most of the staff have a great sense of humour, and I think they are lovely." Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and these were communicated to staff in a variety of ways, verbally and through physical gestures or body language. We saw that staff picked up on certain behaviours that indicated support was required, for example, one person became a little restless in their chair and staff immediately offered to take them to the bathroom. This told us staff were knowledgeable of peoples needs.

People were consulted with and encouraged to make decisions about their care when it was appropriate. One person told us that they were able to make decisions about their care and felt staff were supportive. We saw a care staff member offering choices of desert to one person who was not feeling hungry, tempting them with something sweet.

One person told us they felt listened to. Two people we spoke with wanted to be as independent as possible and felt that they had the opportunity for this. They reported that the registered manager would always

listen to their point of view and explain if things could not be done. The registered manager told us, "We support people to do what they want, it's their right." We saw staff ask and involve people in their everyday choices, this included offering beverages, seating arrangements and meals.

Staff told us how they assisted people to remain independent, they said, "A resident wants to do things for themselves for as long as possible and our job is to ensure that happens. When someone can't manage to dress themselves any more without support we encourage them to do as much as they can, even if it means taking a while." We saw staff offered encouragement to people to walk and with eating and drinking.

People told us staff respected their privacy and treated them with dignity and respect. One member of staff told us how they were mindful of people's privacy and dignity when supporting them with personal care. They described how they used a towel to assist with covering the person while providing personal care and when they had a bath. This showed staff understood how to respect people's privacy and dignity. We saw staff ensured that people's modesty was protected when assisting them in personal care in communal areas. Staff sat with people to support them with eating in a way that was discrete and respectful.

People received care in a kind and caring manner. Staff spent time with people who had decided to spend their time in their room. There was always a member of staff in the lounge and dining areas. People told us that they were in a lovely home and felt staff understood their health restrictions and frailty. One member of staff was seen to be gentle with one person, putting on a clothes protector, whilst talking to them all the time very softly. Another was very sleepy and staff did not rush or wake them but waited until they were ready for lunch.

People's care plans contained personal information, which recorded details about them and their life. This information had been drawn together by the person, their family and staff. Staff told us they knew people well and had a good understanding of their preferences and personal histories. The registered manager told us, "People's likes and dislikes are recorded, we get to know people well because we spend time with them." All the people we spoke with confirmed they had been involved with developing their or their relative's care plans.

Care records were stored securely in a lockable cupboard within a locked room. Confidential information was kept secure and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and had received training pertaining to this.

The registered manager told us, "There are no restrictions on visitors". There is an 'open house' policy for visitors which was confirmed by visitors.

Good

Is the service responsive?

Our findings

People told us that the service responded to their needs and concerns. Comments included, "I only have to mention a problem and it's dealt with," and "We can talk to staff at any time, about anything." People were happy at the home and told us "I like it here." One person said, "Really like it here."

We were told that activities, exercise classes and visiting entertainers were arranged and people could choose what they did every day. A staff member told us, "We have an activity plan and people are encouraged and it's there if they want to join in." During our inspection, there was a group singing activity led by a senior care staff member, which everyone enjoyed and people got up to dance. On the second day there was an exercise class by an outside provider which people and staff joined in. People also told us of the art and craft sessions and showed us their pictures which were displayed. One person told us that they had entered in an Easter art competition at the local shop and they had won. The staff told us that one person helped to dry the dishes and enjoyed it. One person told us, "I spend time doing what I enjoy, we have activities if we want."

Staff told us they supported people to maintain their hobbies and interests. One person said, "I like to be left to my own devices and this is respected. I watch television, I have made friends here, I don't feel bored." We saw people knitting and one person showed us of the scarf they were knitting which was important to her. We also saw that consideration was given to people's music and television preferences. People were asked what they wanted to watch and as a group came to the most popular choice.

People were seen to request to return to their room at a time that was decided by them. Another said, "I have my newspaper and I have regular visitors, I enjoy it when we have an entertainer, but don't feel the need to be constantly entertained." Special events were planned and people enjoyed attending them, such as visiting musical entertainers. We were also told of outings arranged but this was not as regular as the manager would like, but was gathering information of nearby events that might interest people.

The home encouraged people to maintain relationships with their friends and families. One person said, "I look forward to my family coming to see me. It brightens my day and is important to me."

Records showed comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning were recorded. No complaints had been received in the past six months. The procedure for raising and investigating complaints was available for people. One person told us, "If I was unhappy I would talk to the management." One senior care staff member said, "People are given information about how to complain. It's important that you reassure people, so that they comfortable about saying things. We have an open door policy as well which means relatives and visitors can just pop in."

'Service user / relatives' satisfaction surveys' had been completed once a year. Results from people's feedback was used to make changes and improve the service, for example menu, odours in rooms and choices of food. We saw that these issues were taken forward with an action plan and a review date set.

Resident meetings were not held formally as people were encouraged to share feedback on a daily basis. One person said, "I tell them as it is, they don't mind."

People received care which was personalised to reflect their needs, wishes and aspirations. Care records showed that a detailed assessment had taken place and that people were involved, when possible, in the initial drawing up of their care plan. They provided detailed information for staff on how to deliver peoples' care. For example, information was found in care plans about personal care and physical well-being, communication, mobility and dexterity. Work was being undertaken to improve people's care documentation as some lacked detail about management of behaviours that challenged. This was on-going as more staff received training in care planning and gaining experience. Staff were attending courses on person centred care and the manager said she was including care planning in supervision sessions.

Care plans were reviewed monthly or when people's needs had changed. In order to ensure that people's care plans always remained current, the senior staff checked them regularly alongside daily notes and handover records. Daily care records provided detailed information for each person, staff could see at a glance, for example how people were feeling and what they had eaten.

Good

Is the service well-led?

Our findings

Our findings
People and visitors described the staff of the home to be approachable, open and supportive. When asked about the atmosphere in the home, they said, "Yes, I think it's good" and "It's lovely here."

Effective management and leadership was demonstrated in the home. The registered manager was knowledgeable about the home and the people who lived there. She told us that the philosophy and culture of the service was to make Thornwood 'Their home'. She also told us "It's important that people feel safe and cared for. We give good care because the staff are caring and kind." There were clear lines of responsibility and accountability within the management structure. The registered manager had notified us of all significant events which had occurred in line with their legal obligations.

Everyone knew the registered manager and referred to her when describing their experiences of life in the home. One person said "We know who is in charge, but the staff are all good."

The registered manager told us one of their core values was to have an open and transparent service. The provider sought feedback from people and those who mattered to them in order to enhance their service. The registered manager said they had learnt from past events the value of being open and managing staffing situations quickly. Staff meetings were held regularly to provide a forum for open communication. Staff told us they were encouraged and supported to bring up new ideas and suggestions. If suggestions made could not be implemented, staff confirmed constructive feedback was provided. For example, one staff member told us they had brought up an issue about the cleaning. They said; "We have an extra staff member now, so I feel I was listened to."

Service user surveys were undertaken annually. The results of the surveys were analysed and used to improve the service. For example, people had been involved in the development of in house activities and menus. People told us they felt their views were respected and had noted positive changes based on their suggestions. One visitor told us, "There are opportunities to make suggestions."

Information following investigations into accidents and incidents were used to aid learning and drive quality across the service. For example, the use of a low bed to reduce one person from falling out of bed. Daily handovers, supervisions and meetings were used to reflect on standard practice and challenge current procedures. For example, the care plan system and infection control measures were being improved following review.

The registered manager worked with staff to provide a good service. We were told by staff that the registered manager was, "Approachable and open to ideas." Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a good standard of care. Comments included; "Love it here, residents are great and we work as a team," and "I enjoy working here."

Staff told us the people were important and they took their responsibility of caring very seriously. They had

developed a culture within the service of a desire for all staff to continually improve. For example they were offered staff training opportunities in areas such as medicine training and diploma in health and social care.

There was a quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised. Where recommendations to improve practice had been suggested, they had been actioned. Such as menu choices. The cook told us that menus were changed regularly in line with peoples comments and if people were not eating certain foods alternatives were then included in menu. Activities for people have been identified as needing more community involvement and in line with individual preferences. This was on-going with family involvement.