

The Whiteley Homes Trust

Ingram House

Inspection report

North Avenue
Whiteley Village, Hersham
Walton-on-thames
KT12 4EJ

Tel: 01932825832
Website: whiteleyvillage.org.uk/living-at-whiteley/ingram-house-residential-care/

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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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Ingram House is a care home without nursing for a maximum of 27 older people, including people living with dementia. There were 25 people living at the home at the time of our inspection.

The home is purpose-built and all accommodation and facilities are arranged on one floor. The home is situated in Whiteley Village, which provides housing to around 400 older people in almshouse cottages, extra-care flats, and a nursing home.

People's experience of using this service:

There were enough staff on each shift to provide the care people needed safely. People did not have to wait for care when they needed it. Assessments were carried out to identify any risks to people and measures implemented to minimise these. Accidents and incidents were recorded and reviewed to identify learning and risk reduction measures. People's medicines were managed safely.

The provider's recruitment procedures helped ensure only suitable staff were employed. Staff were able to describe the potential signs of abuse and knew how to report any concerns they had. If people had raised concerns about the care they received, these had been reported to relevant agencies and appropriate action taken in response.

People's needs were assessed before they moved to the home to ensure staff had the skills and experience they needed to provide their care. Staff supported people to maintain good health and to access healthcare services if they needed them. Managers and staff had established effective working relationships with other professionals to ensure people's needs were met.

Staff had an induction when they started work and the ongoing training they needed to carry out their roles. Staff were supported through regular supervision, at which they had opportunities to discuss their training and development needs.

Some people enjoyed the food at the home, while others felt it needed improvement. The provider was aware of some people's dissatisfaction with the food and had arranged for the catering company to hear and respond to people's feedback, and to provide additional training for catering staff.

The design and layout of the home were suitable for people's needs. The home had comfortable communal areas and people were able to personalise their rooms as they chose. People had access to extensive, well-maintained grounds.

Staff were kind and compassionate in their approach to care. They treated people with respect and encouraged people to make choices about their daily lives. People told us the home had a friendly, welcoming atmosphere and said staff took an interest in their wellbeing. Staff supported people in a way which maintained their dignity and promoted their independence.

People's care was provided in a way which reflected their individual needs and preferences. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had access to a range of activities, which they said they enjoyed. In response to people's feedback, the provider was planning more outings and recruiting additional volunteers to support the activities programme.

Relatives told us the home communicated well with them and said they felt able to raise any concerns they had. People who lived at the home and their relatives had opportunities to give their views about all aspects of the service and these were listened to. The provider maintained an effective oversight of the service, which ensured people's care was well-planned and managed.

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

Rating at last inspection

The three services operating in Whitely Village, Ingram House, Eliza Palmer Hub, (a care home with nursing), and the Village's extra care scheme, were previously registered as one location. The last inspection when the services were registered as one location was carried out on 31 July 2019 and the service was rated requires improvement (report published 7 October 2019). Since then, the three services have been registered as individual locations. Ingram House was registered on 17 June 2021 and this is the first inspection since that date.

Why we inspected:

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up:

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Ingram House

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors carried out the inspection.

Service and service type

Ingram House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ingram House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection, there was a registered manager in place, although they were not working when our inspection took place.

Notice of inspection

The inspection was unannounced.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with six people who lived at the home and five relatives about the care their family members received. We spoke with the provider's director of care and four care staff.

We looked at care records for three people, including their assessments, care plans and risk assessments. We checked five staff recruitment files, medicines management, records of complaints and accidents and incidents and the home's business contingency plan. We reviewed policies, procedures, meeting minutes, surveys, and quality monitoring reports.

Is the service safe?

Our findings

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

This was the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People told us they felt secure at the home and that staff provided their care in a safe way. One person said, "It is a very secure building, and the staff keep me safe." Another person told us, "The staff know to walk alongside me, as I am rather unsteady on my feet." Relatives confirmed their family members were cared for safely. One relative told us, "I am confident [family member] is safe. The staff look after him very well."
- Staff were aware of the individual risks people faced and how to minimise these. One member of staff told us, "I am very aware of people's risks and what support they need. Because I have been here for two years, I know people well. For example, some people are at risk of falls and we have to make sure they have their walking aids with them or use a wheelchair for longer distances." Another member of staff said, "We make sure there are no trip hazards, and walk with people who need assisting. Sometimes we may just have to be next to them to make sure they don't fall."
- Staff carried out assessments to identify any risks to people and implemented effective measures to manage these. Risk assessments were reviewed regularly to take account of any changes in people's needs.
- Any accidents or incidents were recorded by staff and reviewed by the management team to identify learning and risk reduction measures. For example, when a person had a fall from their bed during the night, a crash mat was installed next to the bed and the bed lowered at night.
- The provider had developed a business continuity plan to ensure people's care would not be interrupted in the event of an emergency, such as infectious disease outbreak or loss of utilities.

Staffing and recruitment

- There were enough staff on each shift to meet people's needs and keep them safe. We observed people did not have to wait when they needed care or support. People said staff were available when they needed them. One person told us, "They are very busy but, if I need help, there is always someone around." Another person said that when they needed staff, "I just press my buzzer and they are with me very quickly."
- The provider operated robust recruitment procedures to help ensure only staff suitable for their role were employed. Prospective staff had to submit an application form and to attend an interview. The provider carried out appropriate pre-employment checks, including a Disclosure and Barring Service (DBS) check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training in their induction and regular refresher training. Staff knew how to report any concerns they had about abuse and were able to describe the potential signs of abuse. One member of staff told us, "We always watch out for any changes in behaviours or bruising when we are

helping people change in the mornings and evenings." Another member of staff said, "If I thought someone was being abused, I would go to a senior carer or the manager. If nothing was done, I would whistle-blow to social services or CQC."

- Two people had raised concerns about the care they received from agency staff at night in the week before our inspection. These concerns had been reported to the police, the local authority and CQC. The police had visited the home to listen to people's concerns and were continuing their investigation at the time of our inspection. The provider had contacted the agencies which employed the staff to inform them of the concerns raised and neither member of staff had worked at the home since the concerns had been raised.

Using medicines safely

- People told us staff helped them take their medicines as prescribed. One person said, "They always get my tablets to me on time; I would forget, you see." Another person told us, "They bring them to me each day and always remind me to take them." Relatives confirmed their family members were supported to take their medicines as prescribed. One relative told us, "They make sure [family member] always gets his medicines on time."
- Staff who administered medicines received appropriate training and their practice was assessed before they were signed off as competent. Medicines were stored, administered and disposed of safely. The medicines administration records we checked were complete with no gaps. Medicines administration records were audited regularly and confirmed that staff managed medicines safely.
- During our inspection, we identified some discrepancies in medicines stock checks. Although people's medicines had been administered as they should have, some of the totals recorded did not match the number of medicines in stock. The provider acted straight away to address this, investigating and correcting the discrepancies.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider had followed government guidance regarding visiting during the COVID-19 pandemic. Since the relaxation of restrictions, people told us their friends and families could visit whenever they wished.

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

This was the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- We received mixed feedback about the food at the home, which was provided by an external catering company. Some people said they enjoyed the food. For example, one person told us, "I think the food is very good. I enjoy the soups and the puddings." Other people said they would like to see improvements in the quality of the food. For example, one person described the food as, "Moderate", and said, "I would like it to be better." Another person told us, "The food isn't wonderful, but it's edible."
- The provider was aware of people's opinions about the food as these had been outlined in a recent satisfaction survey. In response to the comments in the survey, the provider had arranged a Good Food Forum with the catering company, which was due to take place on 3 November 2022. The aim of the forum was for the catering company to hear and respond to feedback from people who lived at the home and to train staff to improve the way in which they prepared meals.
- People's nutrition and hydration needs were recorded in their care plans and communicated by care staff to the catering team. Two people needed texture-modified diets. We observed that these people received their meals consistent with the guidance provided by healthcare professionals. Staff assisted people who needed support to eat in a dignified and unhurried way.

Staff support: induction, training, skills and experience

- People told us staff had the knowledge and skills they needed to provide their care. One person said of staff, "They seem well-trained; they all know what they are doing." Relatives told us staff knew their family members' needs well. One relative said, "All the staff I speak to are very knowledgeable. They are very aware of [family member's] needs."
- Staff had access to the training they needed to carry out their roles effectively. This included an induction when they started work and ongoing training in areas including moving and handling, safeguarding, dementia awareness and communication.
- Staff had regular one-to-one supervision with their managers, which provided opportunities to discuss their training and support needs. A member of staff who supervised care workers told us supervision sessions were used to ensure staff had completed relevant training and to provide any support they needed. The member of staff said, "We make sure their training is up to date and that they have done any actions from the last supervision. It is also a wellbeing check for the staff, so we talk about any issues they want to raise."

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

- People told us staff had supported them to obtain medical advice if they needed it. Relatives said staff

were observant of any changes in their family members' healthcare needs and took prompt action if they identified concerns. One relative told us staff had noticed the signs of a potential urine infection at an early stage and ensured their family member received the treatment they needed to address this.

- Staff worked effectively with other professionals where necessary to maintain people's health. For example, one person had moved into the home with a pressure ulcer, which had healed well due to coordinated care from staff and visiting district nurses.
- People's care plans contained information about their healthcare needs. Staff ensured people received the support they needed to maintain good oral health. A GP from the local surgery contacted the home each week and assessed the people staff informed them needed to be reviewed. When necessary, staff had made referrals to specialist healthcare professionals, such as speech and language therapists and occupational therapists.

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

- Assessments had been carried out before people moved into the home to ensure their needs could be met. Staff used nationally-recognised tools to assess people's needs and risks in relation to, for example, nutrition, pain and skin integrity. People's care was reviewed on a regular basis or if there was a change in their needs, for example following a hospital stay.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff applied the principles of the MCA in their work, promoting choice and respecting people's decisions about their care and support. People told us staff asked for their consent before providing their care. One person said of staff, "They never assume, they always ask what I want."
- People were asked to record their consent to the care they received, such as consent to use equipment to ensure their safety. Mental capacity assessments had been carried out to establish whether people were able to make informed decisions about their care and, where people lacked capacity, appropriate procedures had been followed to ensure decisions were made in their best interests. If people were subject to restrictions to maintain their safety, applications for DoLS authorisations had been submitted to the local authority.

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

- The home was purpose-built and wheelchair accessible. All bedrooms and facilities were arranged on one floor. The design and layout of the building was suitable for older people, including people who had mobility issues. Adaptations and equipment were in place where necessary to meet people's needs.
- The home had comfortable and spacious communal areas, and people had access to the extensive Whiteley Village grounds. People were able to personalise their rooms according to their individual tastes

and preferences.

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

This was the first inspection of this newly registered service. This key question has been 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; equality and diversity

- People told us staff were kind, caring and friendly. One person said, "The staff are all very good; very friendly and kind." Another person told us, "They are very sociable and caring. All the staff, even the cleaners, will stop and say hello."
- Relatives said staff showed kindness and compassion in their approach to care. One relative told us, "The level of care is very good. They do seem to care about the people they are looking after; it is not just a job to them." Another relative said, "The staff are lovely. They have always been very kind to [family member]. They would do anything for her."
- People told us staff took an interest in their welfare and cared about their wellbeing. One person said, "The carers are really good. They have been so kind to me. If I get down in the dumps, they are always there." Relatives confirmed staff ensured their family members received emotional support when they needed it. One relative told us, "They are all really nice to [family member]. They want to make sure he is happy. They will have a little joke with him to keep him positive."
- People told us the home had a friendly, welcoming atmosphere which they enjoyed. One person said, "I am very happy here; it is a friendly place. I have made friends here." A relative told us, "I feel very comfortable with [family member] living there. All the staff are very friendly; he gets on well with them all."

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

- People told us staff encouraged them to make choices about their care and their day-to-day lives, and respected their decisions. One person said, "It is completely up to me what I do and how I spend my time." Another person told us, "They ask lots of questions to make sure I make all the decisions."
- Staff understood the importance of promoting choice in the way they provided people's care. One member of staff told us, "There is a focus on giving residents choice. It is important to make sure they have control over their lives."
- People told us staff maintained their dignity when providing care and respected their right to privacy. One person said, "We are treated with the utmost respect." Another person told us, "They always knock before they come in, and if I'm not ready, they ask when I want them to come back."
- Staff supported people in a way which promoted their independence. A relative told us, "They encourage [family member] to be independent; he is keen to do that. Like shaving, he much prefers to do that himself, and they respect his wishes."

Is the service responsive?

Our findings

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

This was the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's support plans were person-centred and reflected their individual needs and preferences about their care. Relatives confirmed they and their family members had been encouraged to contribute to the development of their care plans. One relative told us, "The care plan does get discussed from time to time. It is reviewed once or twice a year. We go through all the aspects of it. They take our views on board." Another relative said, "I was always asked to look at the care plan, probably about once a quarter. I was always asked if I agreed with it."
- Staff told us they encouraged people to be involved in the development of their care plans to ensure the plans reflected their individual needs. One member of staff said, "We definitely involve them in their care plans. We review them every six months, or sooner if their needs change. We always tell the families [about the review] if the resident wants them there. It is their choice. We are very person-centred here."
- Staff told us people's care plans were reviewed regularly as part of a 'Resident of the day' scheme. A member of staff said, "The whole care plan is read through to make sure it is up to date. I will speak to the resident about any changes we have made to make sure they are happy with them and ask them about any changes they want."

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 told us they enjoyed the activities provided at the home. One person said, "There are things to do if I want to join in. I think the activities are very good." Another person told us, "There's lots to do. I enjoy the activities in the dining room."
- Relatives said staff encouraged their family members to take part in activities they enjoyed. One relative told us, "They always tell [family member] what's on and encourage him to go along to things they think he will enjoy." Another relative told us, "[Family member] joins in everything that's going. She will have a go at anything. It suits her, as she likes to keep occupied."
- Some people told us they would like more outings to be arranged, as there had been before the COVID-19 pandemic. One person said, "In the past, we've been to Wisley, garden centres, and golf clubs for lunch, but we haven't done that for some time. I think they have issues with transport." Some people had indicated in the latest satisfaction survey that they would like a wider range of activities. The provider was aware of people's wish to take part in trips and had begun to arrange these. The director of care told us the provider's volunteer coordinator planned to recruit more volunteers to increase the range of activities available to people.
- People living with dementia were encouraged to participate in the home's activities programme, including activities arranged at the provider's other registered care home nearby and within the wider Village community. The director of care told us, "We do not differentiate with people who have dementia; it is very

inclusive."

- The activities co-ordinator engaged in life history work with people living with dementia. This involved using information recorded by staff about people's life histories, including their family, education, employment, and interests, to engage people in conversation about topics they enjoyed.
- The activities co-ordinator visited people who preferred to stay in their rooms to provide activities on a one-to-one basis to ensure people did not become socially-isolated. The activities co-ordinator did this each day from Monday to Friday and based the activities on people's individual interests. Volunteers also visited people in their rooms to reduce the risk of social isolation. Volunteers used their time to provide the most appropriate support to the individual, for example, reading to them or engaging them in conversation.
- People told us their friends and families could visit whenever they wished and were made welcome by staff. One person said, "There are no restrictions on visiting; my family can visit me whenever they want." A relative told us, "I am made to feel welcome when I visit." Staff encouraged people to spend time with others and monitored people's levels of engagement to ensure they did not become socially isolated.

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were discussed during their initial assessments. Any needs identified were recorded in people's care plans, including how people signified consent to their care.
- Staff told us they encouraged people who had them to wear their hearing aids and ensured these were always in good working order. One person living at the home had a significant visual impairment. Staff told us how they ensured the person had access to accessible information. They said they offered to read the person's mail for them and had made information available for the person in large print.

End of life care and support

- The home was not providing end of life care at the time of our inspection, although had done so in the past. A relative whose family member had received end of life care at the home told us staff had cared for their family member with commitment and compassion. The relative said, "I was slightly concerned it was asking too much of the staff as they would have to call in district nurses, but they said they were very happy to continue looking after her. They coped magnificently. They looked after her very well. They were constantly in and out checking on her. They showed her a lot of care, attention, and affection."
- The home had been recently reaccredited with the Gold Standards Framework (GSF) Quality Hallmark Award for the delivery of end of life care. The GSF accredits providers able to demonstrate high quality, proactive care which enables people to live well towards the end of their lives.

Improving care quality in response to complaints or concerns

- None of the relatives we spoke with had made formal complaints but told us the provider had responded well to any minor concerns they had raised. One relative said, "We pointed out something on his records which wasn't right, and they corrected that." Another relative told us, "If we have ever raised concerns, they have always tried to put things right."
- The provider had a complaints policy, which set out how formal complaints would be managed. The complaints log provided evidence that any complaints received had been investigated and managed in line with this policy.

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

This was the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager was not working at the time of our inspection and was expected to be away from work for a further, unspecified period of time. The home's deputy manager had recently left the service. The provider had acted promptly to ensure suitable management arrangements were in place and that staff had access to management support. A member of the provider's senior leadership team had taken the role of acting manager and the head of care was also supporting the home.
- Interviews were being held in the week of our inspection for the appointment of a manager to support the home until the registered manager returned to work. A new deputy manager had been appointed and was due to start work on 2 November 2022. The director of care told us the recently appointed deputy manager had worked at the home previously and had left to study for an assistant practitioner qualification, which they had since achieved. An assistant practitioner is a role that has been developed to assist organisations to deliver high quality, patient-centred care.
- The provider had effective quality monitoring systems in place, which included audits of key aspects of the service, such as medicines, IPC, health and safety, and nutrition/hydration. The director of care carried out regular quality checks and produced a report which recorded any issues which needed to be addressed.
- The director of care understood the provider's responsibilities under the duty of candour and the need to be open and honest if things went wrong.

Continuous learning and improving care; Working in partnership with others

- Staff shared information about people's needs effectively. Staff received a handover at the beginning of their shifts to update them about any changes to people's needs. A member of staff told us, "We have handover every morning before we start. We are told about any changes in their needs, any appointments, any visitors, if they have been seen by the doctor. We communicate well."
- Heads of department met regularly to plan and review people's care. Clinical governance meetings took place weekly at which senior staff discussed any people about whom they were concerned and to plan the care they needed. A senior member of staff told us, "We have a weekly clinical governance meeting where we discuss any changes to people's needs, any falls, we check the incident log has been completed, any changes to medicines, anyone nearing or on end of life care."
- Reflective practice sessions were held to ensure learning took place from untoward events, such as medicines errors. Managers and staff had developed effective working relationships with other professionals, such as GPs, district nurses, and speech and language therapists.

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

- Relatives told us staff kept them up to date about their family members' well-being and any events affecting their welfare. One relative said, "They have always kept us up to date. If they have ever been concerned about something, they have always given us a call." Another relative told us, "They always let us know what is happening. They email us to let us know how [family member] has been. They tell us if she has a doctor's appointment."
- People told us staff listened to their views and did their best to ensure any issues they raised were addressed. They said treated them as equals and respected them as individuals.
- People who lived at the home and their relatives had opportunities to give feedback about the service through surveys. Returned surveys were collated and analysed to identify any emerging themes. The provider had told people the action they would take to address any areas they said needed improvement, such as the quality of the food at the home.
- Staff had opportunities to raise any issues they had at team meetings. They were also encouraged to complete surveys and to give feedback on questions such as whether they felt able to speak up if they had concerns and if they could contribute to the development and improvement of the home.