Wood Green Nursing Home Limited

Wood Green Nursing Home

Inspection report

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West Midlands
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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?	Requires Improvement

Summary of findings

Overall summary

This unannounced inspection took place on 26 January 2017. At our last comprehensive inspection in June 2016 although the provider was not in breach of the regulations, we identified a number of areas that required improvement. On this our most recent inspection we found that overall these improvements had been made.

Wood Green Nursing Home is registered to provide accommodation, nursing and/or personal care for up to 40 older people. At the time of our inspection 31 people were using the service.

The manager in post at the time of our inspection was in the process of registering with us. There was a registered manager for the service, but they had left this post and as yet had not deregistered as manager of the home with us. 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.

Staff were knowledgeable about the types of abuse and harm people may experience and were able to describe how they would deal with and report any concerns they had. Potential risks to people were assessed in relation to their individual health and support needs. Incidents that occurred were reported to the appropriate external agencies and bodies, including the Care Quality Commission [CQC]. The provider ensured sufficient skilled staff were available and employed in order to meet people's individual needs and keep them safe. The systems in place ensured that staff recruited had the right skills, experience and qualities to support the people who used the service. Staff effectively administered medicines and supported people to take them appropriately.

Staff were caring towards people, frequently asking about their well-being and ensuring they were comfortable. People or their representatives were involved in decision making and received a good level of level of communication from the provider. Information was available and displayed for people in relation to local advocacy services. Staff were patient and took time to ensure that people understood what was said to them. People received care that was delivered by staff in a respectful and dignified manner.

People using the service and their relatives were involved in the assessment of needs and planning of care and support. People were supported to follow their interests and take part in social activities. The home had a friendly and homely environment and people received care that was personalised to their particular needs and wants. People were clear about how to make their views known and information was displayed about how to make a complaint. People were supported to maintain relationships with those important to them.

The provider had made the necessary level of improvement in relation to medicines and the analysis of incidents that was required in relation to our findings at our last inspection in June 2016. Recommendations made in relation to areas of fire safety at the home had not all been addressed and some issues identified

remained a potential hazard. Staff were well supported in their role and demonstrated a clear passion for their work. Management of the service provided staff with the support required for them to deliver effective care. Staff benefitted from regular supervision and meetings. People were actively encouraged to provide suggestions and opinions about the service, this included through regular meetings and surveys supplied to them for their completion. Staff could make suggestions and give their opinions openly to the manager or provider.

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.

Potential risks to people were assessed in relation to their individual health and support needs.

The provider ensured sufficient skilled staff were available and employed in order to meet people's individual needs and keep them safe.

Staff effectively administered medicines and supported people to take them appropriately.

Is the service effective?

Good

The service was effective.

Staff received the training they required, had regular updates and good access to any additional training they needed.

People's human rights were respected by staff who worked within the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Staff effectively supported people to maintain good health and were informed of any changes to people's health needs in the daily handover meetings.

Is the service caring?

Good

The service was caring.

Staff were caring towards people, frequently asking about their well-being and ensuring they were comfortable.

Staff were patient and took time to ensure that people understood what was said to them.

People received care that was delivered by staff in a respectful and dignified manner.

Is the service responsive?

Good

The service was responsive.

People were supported to follow their interests and take part in social activities.

People were clear about how to make their views known and information was displayed about how to make a complaint.

People were supported to maintain relationships with those important to them.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Recommendations made in relation to areas of fire safety at the home had not all been addressed and some issues identified remained a potential hazard.

People were actively encouraged to provide suggestions and opinions about the service, this included through regular meetings and surveys supplied to them for their completion.

Staff could make suggestions and give their opinions openly to the manager or provider.

Wood Green Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 26 January 2017 and was unannounced. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

We liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may wish to focus upon in the planning of this inspection. The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people. We spoke with five people who used the service, four relatives, four members of staff, the cook, the deputy manager, the registered manager and the director. We observed the care and support provided to people in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records about people's care and how the service was managed. These included four people's care records, three staff recruitment records and five medication records. We also examined a range of records used in the day to day management and monitoring of the quality of the service.

Good

Is the service safe?

Our findings

People felt safe and protected by staff. Their comments included, "I feel safe here. The staff have been helping me to use my frame to get about. There's always someone to keep an eye on me, I am never worried", "There's always somebody nearby, I feel very safe here. I'm not frightened now and I always felt frightened on my own when I was at home", "I have a bad heart and the staff have been worried about me, they make sure I am safe and prevent me from getting worse" and "There's always someone around to help me, always. I feel completely safe and happy". Relatives told us, "I know [relative's name] is safe here because there's always someone around to support her. Night time is always her worst time anyway, but the staff chat with her to get her through the night" and "The doors are locked to the outside as well so I know she's safe from wandering off."

Staff spoken with were knowledgeable about the types of abuse and harm people may experience and described how they would deal with and report any concerns they had. A staff member said, "I know how to protect people from coming to any harm and would report any concerns to the manager or social services if necessary". We saw that staff received a variety of training in how to protect people from abuse and avoidable harm, for example, moving and handling techniques and infection control.

Potential risks to people were assessed in relation to their individual health and support needs. One person said, "I have been told to buzz [press call button] so that someone's here when I walk, you know…in case I fall. I'm getting better at using it and stronger all the time". A relative told us how staff had supported their family member, they said, "[Relative's name] came in here with shocking pressure sores and the staff here have lovingly, and I mean lovingly, cared for her and made sure she moves or turns every few hours and when necessary, they help her to do this. They put cream and dressings on and now she is much better". Staff were able to describe people's individual risks to us and how these were minimised by their interventions, for example, supporting them to take an adequate diet and by providing regular pressure relief to maintain healthy skin. Records we reviewed detailed how people's health risks should be managed to maintain their safety and wellbeing and were on the whole updated in a timely manner and reviewed periodically.

We found that accident and incident reporting procedures were well understood by staff. Staff we spoke with were familiar with their responsibilities for reporting incidents and told us that they received feedback in relation to incidents that occurred. Incidents that occurred were reported to the appropriate external agencies and bodies, including the Care Quality Commission [CQC]. Staff understood what the evacuation procedures were in the event of an emergency and knew who to contact in a variety of potential situations, including how to escalate any concerns out of hours.

People told us they were attended to quickly by staff and we saw that there were sufficient numbers of staff on duty. Relative's comments in relation to the availability of staff included, "There are always plenty of staff around and nothing is too much trouble for them. Mums much more settled and I don't worry like I used to as the staff are very good" and "There are always enough staff, even at the weekend. I've never had a problem at all". Staff were visible around the home throughout our inspection and people had staff nearby

or close to hand to attend to their needs.
People had call bells within their reach and we did not observe call bells ringing for long periods. Staffing levels were reviewed with consideration given to peoples' level of dependency and complexity and with consideration of the service's capacity for accepting new admissions. The provider had notified us prior to our inspection of their intention not to take any further admissions to the home until further recruitment could take place. The manager told us that they had a recently filled a number of vacancies but were waiting for pre-employment checks to be completed and/or for these staff to feel confident in their roles. This meant that the provider ensured sufficient skilled staff were available and employed in order to meet people's individual needs and keep them safe.

The provider operated effective recruitment practices. The systems in place ensured that staff recruited had the right skills, experience and qualities to support the people who used the service. Criminal records checks, employment and character references and a full employment history were all sought before staff commenced in employment to ensure their suitability.

People told us they were satisfied with how they were supported by staff with their medicines. They said, "They [staff] give me my inhaler twice a day as I wouldn't always remember. I usually have it in the morning and at night, the girls [staff] make sure I'm okay when I have had it" and "Yes, they [staff] give me my tablets after my breakfast. They wait with me until I've taken them and I have them again after my evening meal. I buzz [press the call button] sometimes for painkillers, as I get a lot of pain in my leg and the staff come straight away, they are very good like that". At our previous inspection in June 2016 we found discrepancies in the levels of medicines in stock for people and staff were unable to evidence to us that the medicines had been administered as outlined in the Medicines Administration Record [MAR]. We also saw that pain assessments had not consistently been completed to support clinical decision making as was the providers' policy and audits we reviewed were not comprehensive. On this our most recent inspection we found that the necessary improvements had been made.

We reviewed five MAR and observed staff effectively administering medication and supporting people to take them. The MAR we reviewed were fully completed with no gaps or omissions evident. Written guidance was available for staff to refer to when supporting people with medicines prescribed to be given 'as required' and good use and practice was observed in relation to pain assessments and the application of medicinal patches. We saw that staff responsible for administering medicines completed the appropriate training and had their competency regularly checked. Medicines were being stored securely at the correct temperatures and disposed of appropriately. Controlled drugs were kept securely and recorded correctly and regular checks of medicines had been carried out.

Good

Is the service effective?

Our findings

People were complimentary about the level of skill and abilities of the staff supporting them. They told us, "The staff are really good at what they do" and "Nothing is too much trouble, they know how to look after me". Relatives also spoke positively about staff skills, saying, "The staff look after mum brilliantly, I think they must be well trained".

At our last inspection in June 2016 we found a potential gap in the training needs of staff in relation to end of life care and that regular supervision of staff was not being provided in line with the providers own policy. At this our most recent inspection we found that improvements had been made with over half of staff having received training in this area, with future plans to provide this for all staff. Staff told us that they were being supervised more regularly and records demonstrated that the management team had addressed the shortfall we found previously. We saw that staff were being provided with a good level of training to ensure they developed their knowledge and skills. Staff told us they were up-to-date with their training, received regular updates and they had good access to any additional training they requested. Staff told us about the training they received. Their comments included, "I have had some end of life training, it was really useful and really made me think about how I support people" and "I am doing an NVQ [National Vocation Qualification], they [management] are supportive of training here".

Staff were provided with an induction when they started working at the service which incorporated the standards required in line with the care certificate. The care certificate sets fundamental standards for the induction of adult social care workers. Staff told us they were provided with an opportunity to shadow more senior staff for their first few shifts and were supervised closely during their induction period. A staff member stated, "I did all my training and shadowed more senior members of staff for a few shifts".

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. People told us they were not restricted and that their consent was actively sought by staff before assisting or supporting them. We saw that people were able to move freely and without restrictions between different areas of the home and move between each floor. Staff had received training and refreshers in relation to the MCA and the DoLS. Staff spoken with understood the importance of gaining people's consent, acting in people's best interests and that people should not be unlawfully restricted. Four people were subject to a DoLS authorisation at the time of our inspection and staff knew how to support these people in line with these.

People were complimentary about the quality of the food and choices available to them. Those we spoke

with told us, "The food is always very nice here. You can have whatever you want really. If you don't fancy what's on the menu, then the cook will do something else. But it's always a good meal" and "Yes its lovely the food here. Always very tasty and a lot of variety and they staff ask you what you want in the morning and tell you what the menu is. My husband has his meals here as well, as he likes to have his meal with me". A relative told us, "[Relative's name] looks better than she's looked for over a year and she eats so much more. She wasn't eating much before she came here. They [staff] buy her treats to tempt her, sweet stuff and milkshakes which she likes. They are very good to her". We saw that drinks and snacks were regularly offered to people. These were left on trolleys in communal areas for people to help themselves and were replenished throughout the day, such as a variety of mini sandwiches, homemade cakes, biscuits and fruit. A pictorial menu was displayed outside the kitchen and dining room to help people to see what was on offer that day and assist them to choose what they wanted to eat.

People who needed assistance or encouragement with their eating were well supported by staff. We saw that people were offered alternatives to what was on the menu if nothing was of their liking. We observed that the food on offer was homemade, smelt and looked appetising and was adequate in terms of nutrition. We observed lunch to be well-organised; with those people needing assistance or in their rooms receiving their meal in good time. Staff and the chef were clear about people's specific dietary needs and knew those who needed additional support and monitoring to ensure their nutritional needs were met. We saw that people's weight was regularly monitored and nutritional assessments were completed and appropriate care plans outlining how these needs should be met were in place. People were involved in menu planning and their opinions were sought about the food on offer in meetings and surveys they completed.

People told us their health needs were identified and met appropriately. A person told us, "I see the doctor about once a month or so but the staff will get them to come and see me sooner if I'm not feeling too good. They [staff] keep an eye on you all the time. I have the physiotherapist come in as well. The manager is trying to get a bit more input from them because I'm getting on well with my frame and she thinks it would help. They [the staff] make a lot of effort here to get you right". Another person said, "They [staff] organised for me to have some new moulds made for my hearing aids, I lost my others". A third person told us, "I'm very happy with everything they do for me. The staff are really good, I have been quite poorly over the last week or two and they had to get the paramedics here to check me over". Relatives were equally positive about how people's health and well-being was monitored by staff. A relative said, "[Relative's name] was found very poorly a couple of times over the last few months. The staff called the paramedics, she picked up again now but the staff and the managers are fantastic. Somebody went with her in the ambulance to the hospital as well, and stayed with her so she wasn't on her own". Another relative told us, "If [relatives name] is at all off colour, the staff will ring me and tell me and get the doctor. She sees the GP regularly and we had a meeting just last week about her future care because of where she is with her condition in general at the moment. They [staff] always call the doctor if they are at all concerned, they are great like that". Staff we spoke with had a good understanding of how to effectively support people to maintain good health and told us they were informed of any changes to people's health needs in the daily handover meetings. We saw that care plans provided guidance for staff about how to support people to maintain their physical and mental wellbeing. Records showed people were supported to access a wide range of support as required from a variety of healthcare professionals.

Good

Is the service caring?

Our findings

People spoke warmly about the caring nature and attitude of staff. Their comments included, "They [staff] are lovely to me here, they make me feel better and happy" and "They [staff] ask me every morning, 'how are you today?' I love their smiles, always smiling they are. Lovely girls [staff]". All of the relatives we spoke with told us the staff were 'kind' and 'caring'. They said, "The staff are so very kind, all of the time. They're so good to my mum, she loves them and she is plainly is very settled and happy here", "Oh yes, they care alright. They [staff] always listen to what [relative's name] says and respect her choices, they are so kind to her" and "She couldn't be better cared for anywhere. The staff are brilliant and I come in every day. Sometimes when I get here one or the other of them are in here with her and you should hear them laughing together".

We observed many kind and caring interactions between staff and people. We heard a staff member offering to make people more comfortable using footstools or blankets. One staff member was heard saying, "[Persons name] you look like you're nodding off there, do you fancy a bit of a snooze? Shall we pop your legs up on a stool so that your legs are rested too". We saw another staff member sitting with a person for a period of time and helping them do a jigsaw; we observed them speaking gently and encouragingly, using the persons name, touching their hand to get their attention and started to speak only when they were facing each other. The person was smiling as she spoke with the staff member and appeared happy in their company.

People or their representatives told us they were involved in decision making and were satisfied with the level of communication they received. Each person was provided with a 'service user guide' when they moved into the home and this outlined what they could expect from the service. We observed staff supporting people to make decisions about all aspects of their care, for example, what they ate or what activity they would like to do. Relatives told us, "Oh yes, the staff talk to us and ring me all the time. Each day when I come they give me an update on how she's been" and "They [staff] let me know what's going on night or day. They are like that here, nothings too much trouble, [relative's name] is treated like their family". Relatives we spoke with told us they could visit whenever they wished and that they were made welcome by staff.

Information was available and displayed for people in relation to local advocacy services. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up. Staff were aware of how they would access advocacy support for people if this was required.

We saw that care plans described how best people should be communicated with. A relative told us, "The staff sit and chat with [relative's name], she is quite deaf. They know that if they talk to her facing her then she can mostly understand what they are saying". Our observations were that staff were patient and took the time to ensure that people understood what was said to them.

People told us the care they received was delivered by staff in a respectful and dignified manner. Staff were overheard or observed to knock on doors to peoples rooms, whether open, closed or ajar and call out to ask permission to enter their room. A relative told us, "All the staff are very kind and always respectful to

[relative's name]". We observed that staff were respectful towards people and encouraged them to try to do as much for themselves as possible. A staff member said, "We [staff] try to encourage people to do some things for themselves, as much is possible anyway".

Good

Is the service responsive?

Our findings

People using the service and their relatives told us they were involved in the assessment of needs and planning of care and support. A relative said, "We have had quite a few meetings about mum's health, as her care needs have changed. We are involved and have a chance to have our say". We observed that peoples care was delivered according to individual's needs and wishes. Records we reviewed demonstrated that people had contributed to the assessment and planning of their care, as much as they are able to.

People were supported to follow their interests and take part in social activities. One person said, "There are lots of things to do here, you can do whatever you like. We have entertainers, we have a coffee morning once a week, we do board games, jigsaws, baking and someone comes in to do music and movement I think they call it with us. You can do it or not, as some people don't like that sort of thing and like to read or do other things. We have garden parties in the summer. Sometimes we [people and staff] have a little get together and are asked about what we fancy doing". Relatives told us, "[Relative's name] loves doing jigsaws and the staff spend time each day doing them with her. I think because there's always something going on and other people and staff around here she doesn't feel lonely or restless" and "They [staff] all know my mum well and her likes and dislikes". Staff clearly knew people well and were able to provide a variety of activities that were of interest to them. A staff member said, "I think it works better if we do activities with the people we support, after all we know them better because we spend more one to one time with them so we know what makes them happy and can change what we do if their choices change".

People were supported to maintain and have regular contact with their family and friends, either at the home or in the community where possible. Visiting was open and flexible, with relatives and visitors freely offered food and drinks. We saw the home had a coffee morning each week in the café area, which was advertised and was also open to the public. One person told us about the coffee morning, they said, "I like to go to the coffee morning. I've only been here a few months and I was surprised at how normal it feels here, I don't feel like I'm in a home. I have physiotherapy once a week and they are helping me to get a bit stronger on my feet. It's think it great to have a café in the home. It makes me feel like a normal human being; going out for a coffee with my husband for the morning. We used to do that before I became unwell and needed to come here". The deputy manager told us, "The café area is well used by visiting relatives who bring their loved one in here for a chat and change of scenery. Some of our residents like the opportunity to get dressed up and go to the coffee morning; it's been a great success". We saw that the provider had created a friendly and homely environment.

People told us they felt listened and they received their care how they wanted it. Relatives told us their loved ones care was personalised to their particular needs and wants. Their comments included, "Mum is treated like a person, so if she doesn't fancy getting up or having a wash and change then they [staff] will do it later" and "Mum hasn't been well enough for the hairdresser these last few weeks so the girls [staff], bless them, got the hairdresser to just do a touch up in her room; this really perked her up". We saw that people's rooms were clearly identifiable with their photograph and name on the door and they had personalised their room with their belongings. We saw that when sitting in the communal areas people had side tables next to where they were sitting which held personal possessions. For example one person had photos of their family, some

magazines and knitting next to them and another person had a small radio, along with a selection of their favourite cuddly toys. We observed that the home was a hive of activity and held a companionable buzz about it, with some people watching TV, some reading or listening to the radio and others listening to or chatting with staff, relatives or each other. Care records we reviewed were detailed and included information about people's life history, individual interests and pastimes. Staff spoken with told us they had read these and were able to tell us about people's history and likes when prompted. We found that people were supported appropriately to address their cultural and religious needs which were considered as part of their initial assessment.

The provider had a complaints procedure in place, which was displayed in communal areas in formats that people could understand and refer to. People and relatives we spoke with did not currently have any complaints but told us they would feel comfortable approaching staff or the manager if they did. Relatives said, "I couldn't find a bad thing to say, not at all", "I have no complaints at all. If I wasn't happy with something though I'd say so" and "I have no worries about how [relatives name] looked after at all, if I had anything to say I would always tell the manager, I know she would listen and do something about it". Staff we spoke with knew how to direct or support people to make a complaint. We reviewed the complaints received by the provider since our last inspection and found that the provider acknowledged, investigated and responded to complaints received in line with their own policy. We saw that learning occurred and opportunities for further discussion were offered in relation to complaints made, for example inviting relatives in to review their family member's care.

Requires Improvement

Is the service well-led?

Our findings

At our inspection in June 2016 we found that the provider did not have fully effective systems in place to monitor the quality of the service. We found that the information available about incidents that occurred at the home was not detailed enough or consistently clear about what action had been taken to minimise the risk of future reoccurrence. The analysis of incidents completed by the registered manager also failed to clearly outline any learning and improvements made. During this our most recent inspection we found that overall the necessary level of improvement in relation to medicines and the analysis of incidents had been made. However we found that some of the incidents that had occurred at the home were not signed off by the manager, detailing any action taken or follow up for some weeks after their occurrence. The manager agreed that some delay had occurred and told us they would ensure this would not occur in future.

Regular checks and audits were undertaken to monitor the safety and effectiveness of all aspects of the service by the manager and senior staff. Where issues, omissions or concerns were identified as a result of these checks, records we reviewed confirmed that the necessary action was taken as required. Checks of the safety of the environment were undertaken and scheduled planned maintenance took place in a timely manner which included all services and equipment used on the premises. There was a fire safety risk assessment in place. However we noted that three recommendations made when the assessment was undertaken in May 2015 had failed to maintain the improvements required and some issues noted remained a potential hazard. This meant that the provider had not comprehensively checked and maintained the safety of the premises as part of their quality assurance systems.

People spoke with us about their experience of living at the home and their comments were overwhelmingly positive. One person told us, "I am very happy here, the staff are very good to me". A relative said, "I can't thank them [staff] enough for the difference they have made. I have nothing but praise for them". Staff we spoke with told us they were well supported in their role and talked about the people their cared for with warmth and affection, they all demonstrated a clear passion for their work. Throughout our inspection, people using the service and their relatives and visitors appeared content and comfortable in the home and in staff company.

The manager in post at the time of our inspection was in the process of registering with us. People were positive about the capabilities and leadership skills of the manager. Relatives also praised the manager's effectiveness, "The new manager has made some changes but that's good. She pops in to see [relative's name] and other people each day, she's very nice, very approachable" and "The manager comes around most days to see us, she's very good". Staff spoke of the open and inclusive culture within the service that was encouraged by the manager. They were overwhelmingly positive in their comments about the registered manager's skills, leadership and accessibility. They told us, "[Manager's name] is approachable" and "[Managers name] will help out if ever we are short staffed, she good and I am confident she will improve the home". Our observations on the day were that people and staff knew the manager and approached them without hesitation. Staff told us they were benefitting from regular supervision and meetings. This meant that the management of the service provided staff with the support required for them to deliver effective care.

People were actively encouraged to provide suggestions and opinions about the service, this included through regular meetings and surveys supplied to them for their completion. Relatives we spoke with told us how they had been involved in giving feedback about the service. They said, "We get questionnaires every year asking us about what we think, what we like and don't. We have had meetings but sometimes I don't think there are enough relatives attending really" and "We have a questionnaire to fill in, it's a quality one. You can talk to all the staff too. There's never any problem about talking to them about anything". Feedback from surveys was analysed and shared. A new monthly questionnaire for people in a pictorial format had been developed to support those people who may have difficulty communicating their thoughts about the service. This meant the provider was keen to actively involve people to express their views about the service being provided.

Staff told us they could speak openly and felt they were able make suggestions and give their opinions openly to the manager or provider. A staff member told us, "We have regular staff meetings and are encouraged to give our views; we are kept up to date about everything". Staff spoken with were kept up to date and regularly consulted about plans for development of the service. Staff told us that the provider actively promoted transparency at the home and made information available to them to raise concerns or whistle blow.

The provider had displayed their rating at the home and on their website that was given to them by the Care Quality Commission [CQC] as is required by law.