

Cooksditch House Care Ltd

Cooksditch House Nursing & Residential Home

Inspection report

East Street
Faversham
Kent
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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

About the service

Cooksditch House Residential and Nursing Home is a residential care home providing personal and nursing care to 48 older people, some of whom were living with dementia. The service can support up to 55 people.

People's experience of using this service

People received their medicines as prescribed by the doctor, due to improvements in the way that medicines were managed at the service.

Systems to assess and monitor the quality of the service had been strengthened, so they were effective in identifying and addressing shortfalls in service provision. When accidents, incidents or a complaint had been made, lessons learned meetings were held to reflect and consider if anything could have been done differently.

People did not have to wait long to receive staff support as staffing levels had been adjusted to meet their needs.

A new full-time activity coordinator had been employed who had developed a programme of activities based on what people enjoyed doing. People went on trips and their art work was displayed around the service. Links had been developed with the local community. Preschool children had visited, and people had made cakes to raise money for charity.

A programme of redecoration and refurbishment continued to benefit people. Signage was displayed to help people living with dementia find their way around their home.

People and their relative said staff knew them well and helped them to feel safe. Checks on staff helped to ensure only staff who understood the values and aims of the service were employed.

Staff received ongoing training and support to ensure they had the necessary skills and knowledge to meet people's individual needs. A nursing assistant role had been developed to make sure there enough trained staff to support people. Nursing assistants shadowed qualified nurses and received additional training.

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

People had access to health care services in a timely manner and there was strong partnerships working with a range of health care professionals. Positive feedback had been received from health care professionals about how their support was requested and acted on. The provider worked in partnership with other organisations and sought their advice to improve outcomes for people.

Staff knew people well and caring relationships had been developed. A dignity champion had been appointed to ensure staff understood how to treat people in a respectful manner.

People's nutritional needs had been assessed and guidance available in people's care plans. Mealtimes were social occasions where people sat together, and assistance could be given when needed.

Staff understood how to support people to have a pain free and comfortable end of life, with people around who were important to them.

Everyone said the service was well-led and that the registered manager and provider were approachable. The views of people and their relatives were regularly sought and acted on.

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

Rating at last inspection

The last rating for this service was requires improvement (published 28 November 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the rating at the last inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Cooksditch House Nursing & Residential Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors a specialist nurse and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was asked to complete a provider information with a return date of after this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make. We took this into account when we made the judgements in this report.

During the inspection

We spoke with twelve people who used the service and three relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, provider, clinical lead, residential unit manager, two senior care workers, three care workers, housekeeper, cook and maintenance person. We joined some people for lunch and spent time in the lounge observing people's care and support.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at the staff supervision and training programme and three staff recruitment files. We also saw a variety of records relating to the management of the service, such as health and safety, audits, compliments and complaints.

After the inspection

We sought feedback from the local authority and professionals who work with the service. We received additional feedback from a relative.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure safe systems were in place for the management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- An increase in the frequency of checks and audits had resulted in significant improvements in the way medicines were managed. A health care professional told us, "Cooksditch demonstrate good medication management within the home."
- When internal or external audits had identified shortfalls, action had been taken to remedy them. For example, staff had been reminded to complete the medication administration record (MAR) when they applied prescribed creams. Staff now used a body chart to record where they applied a pain patch, so they could be rotated to help keep people's skin healthy.
- Staff who administered medicines had received training and had their competency assessed. Guidance was available to staff for people who had been prescribed medicines to be taken 'when required.' Staff were also directed to which part of person's body a topical cream should be applied.
- Staff gave explanations to people when they were giving them their medicines and asked if they required any pain relief. They observed people had taken their medicines before making a record on the MAR.

Staffing and recruitment

At our last inspection the provider had failed to ensure there was a systematic approach to the assessment and deployment of staff so there were sufficient numbers available at all times. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- The provider had increased staffing levels in the residential unit after the last inspection and they had remained at this level. Staffing levels continued to be assessed and reviewed according to the number of people living at the service and their individual needs.
- People told us staff were available when they needed them. Comments included, "I used my buzzer a

couple of nights ago and staff responded in a reasonable time." and "You don't wait long." During the inspection, staff answered requests for assistance and call bells in a timely manner.

- In order to ensure there were sufficient, qualified staff in the nursing unit, senior care staff had been trained as nursing assistants. They worked under the direction of a registered nurse and carried out tasks for which they had received specific training. This minimised the need for agency nursing staff and ensured people received consistent care from people they knew.
- Checks on new staff were comprehensive. They included obtaining a person's work references, identity, employment history, nurse's registration and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people. Systems and processes to safeguard people from the risk of abuse
- The registered manager and staff understood their responsibilities to keep people safe from abuse.
- Staff had received training in safeguarding and knew what constituted abuse and poor practice. They knew how to whistle-blow and report any concerns to external agencies, if they were not acted upon.
- Safeguarding concerns had been reported to the local safeguarding team in line with Kent and Medway safeguarding policy and procedures. A social care professional told us, "The home responded appropriately and quickly when handling a concern."
- People and their relatives said staff made sure people were safe and looked after. One person said, "I generally am an anxious person but having staff around and medical staff on site makes me feel safer, particularly at night." Another person told us, "I absolutely feel safe here, especially with everyone being so caring."

Assessing risk, safety monitoring and management

- Risks to people's safety had been assessed such as developing pressure ulcers, malnutrition and falling. Clear guidance was available to staff, so they knew how to support people in the right way. People at risk of developing pressure ulcers were repositioned regularly and used pressure relieving equipment to help maintain healthy skin. Nurses understood how to care for people's wounds and photographs were taken to help monitor their progression.
- Some people acted differently to how they usually presented if they became anxious. Behavioural management plans guided staff how to support people in these circumstances. This helped to minimise people's agitation and maintain their and other people's safety.
- Regular checks were made on the environment and equipment to make sure it was safe and fit for purpose. Electrical and gas appliances were maintained, and fire equipment regularly serviced. Personal emergency evacuation plans were kept by the front door, so they were easily accessible. These identified the individual support and equipment people needed to be evacuated in the event of a fire. Staff took part in fire training and regular drills, so they knew what to do in the event of a fire.
- A maintenance person was employed to attend to repairs and make sure they were dealt with in a timely manner. One person told us, "A light bulb went in my room. It was fixed quickly."

Learning lessons when things go wrong

- Staff made a record if an incident or accident occurred including any action they had taken. For example, giving treatment or contacting a relative.
- The registered manager reviewed significant events to see if there were any common themes or patterns. When it had been identified that one person kept falling, advice had been sought from the falls team and their doctor.
- Senior staff had discussed and reflected on significant events, to see whether they could have done anything differently. Action and learning points had been shared with the staff team so lessons could be learned. This had included understanding when it was necessary to take action in people's best interests.

Preventing and controlling infection

- Staff knew how to deal with any infections and followed a cleaning schedules to help keep all areas of the service clean. A relative told us, "X's room is always spotless and very neat and tidy."
- During the inspection the service was clean and odourless with the exception of one bedroom. At the staff meeting that morning it had been identified this room was scheduled for a deep clean. We observed cleaning had commenced on the afternoon of our visit and the provider confirmed this had been completed the following day.
- There was a programme of Infection control audits. Staff had access to and used personal protect equipment such as disposable gloves and aprons to prevent any cross infection. All these actions helped to minimise the spread of any infection should it occur.

Is the service effective?

Our findings

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

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

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

- People's physical, social, emotional, cultural and religious needs were assessed before they moved to the service. This was so the provider could be confident they could be met by the staff team.
- Assessment were undertaken in line with best practice . This included the use of nationally recognised tools for identifying and monitoring people's skin condition, nutrition and hydration.

Staff support: induction, training, skills and experience

- Staff were encouraged to develop and gain the skills and experience necessary for their roles. New staff undertook a structured induction and were assigned a buddy to support them through the process. Staff were provided with ongoing training in areas essential to their role. Most topics were taught through e-learning with a check in place that staff knowledge met a specified requirement. Practical moving and handling training was delivered by trained staff and staff were confident in using these techniques during the inspection.
- A health and social care professional told us staff had a good understanding of the complexity of people living with dementia, including people who became anxious or agitated.
- Nursing staff completed additional courses to make sure they continually validated their nursing qualification with the Nursing and Midwifery Council (NMC). Nursing assistants also completed courses with nurses including wound management, administering insulin for people with diabetes and PEG feeding. PEG is a tube that feeds directly into a person's stomach.
- Staff said they received the right support at times when they needed it. Formal support was provided through supervision and an annual appraisal. These are processes which offer support, assurances and learning to help staff development. Staff said they could discuss any worries or concerns with the registered manager or a member of the management team in addition to these arrangements.

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

- People were assessed to see if they were at risk of poor nutrition and their food intake and weight were monitored. Staff followed guidance given by the dietician. This included making sure drinks were the correct consistency for people who found it difficult to swallow. Staff encouraged people who were at risk of poor hydration to drink, to ensure they drank a sufficient amount each day to keep them healthy.
- People were offered choices at each meal time and also snacks such as fruit and biscuits. The cook knew people's likes , dislikes and any specialist diet and provided foods accordingly.
- The lunchtime staff were polite and attentive. Staff gave assistance to people when it was needed, including sitting next to people to help them eat. Staff made sure people had enough to eat. One person did not eat much dinner and was given a second desert as they had really enjoyed their first one. Another

person forgot they had eaten dinner and was immediately provided with sandwiches and snacks.

- People were satisfied with the quality and quantity of food provided. One person told us, "We get a choice of food. I don't eat a lot, but they try to find something I like. My food is individually pureed." and "My favourite is fish and chips on a Friday."

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations

- Health care professionals told us any concerns about people's health were referred to their doctor. One professional said, "Any advice given to the home through my visits, telephone calls or emails is taken on board and actioned appropriately."
- People and relatives said staff helped them to access healthcare services and support. One person told us, "The carers thought I was depressed so they took me to the doctors." A relative had complimented the service stating, 'Just to say a massive thanks to you and your team. X is looking so so much better so a real thank you.'
- People's oral health needs had been assessed and care plans set out if people required assistance with their teeth or dentures. Information leaflets about oral care were available to staff which set out key information for maintaining good oral health care.
- Staff understood people's medical conditions and the action they needed to take so people lived healthy lives. For example, staff knew what signs and symptoms to look out for which would indicate that a person's blood sugar levels were too low or too high.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff sought verbal consent from people before giving them assistance with their care. Staff understood that some people's capacity to make day to day decisions could fluctuate. At these times staff made decisions in people's best interests, based on their past choices and preferences.
- DoLS applications had been made to the local authority to make sure any restrictions on people's freedom were lawful. The provider had ensured that any conditions on DoLS authorisations were met.
- Records were kept of directives by the Court of Protection when appointees were responsible for making decisions about people's health, welfare or finances.

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

- Since our last inspection, the provider had continued with a programme of decoration and refurbishment. Downstairs corridors had been painted and the lighting changed in the nursing section, so it was easier for people to see when walking along. An upstairs bathroom in the nursing unit had been adapted to a wet

room where people with limited mobility could either take a bath or shower.

- Consideration had been given to the needs of people living with dementia. Signage was used to identify rooms which helped people find their way around their home. Information was clearly displayed to orient people to the day, year and time and to let them know about the weather. In the residential unit there were stations with magazines and cleaning materials which people could access whenever they wanted to.
- People were involved in decorating their home. People's art work was displayed on the walls and their flower arrangements on the dining room tables.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 and their relatives told us staff were kind and caring. One person told us, "The carers are very good. I have my favourites and we have a laugh and joke." A relative said, "The staff are fantastic, very considerate and provide excellent high-class care. The staff are very fond of my relative."
- Staff took time to get to know people and had developed positive relationships. They supported people in a caring and thoughtful way. Staff sat next to people when having a conversation and gave reassurances when people became anxious. When it was time for one person's hair appointment, staff woke them gently so not to startle them.
- A number of written compliments had been received about the kindness of staff. 'Thank you so much for your caring towards X.I am sure that how she was cared for was the reason for her long life.', 'We are sending a big thank you to ALL the staff who, not only looked after, but cared for X's needs and became her friends too. You allowed us all to come and go like it was her and our home and we will always be grateful for all you did.' and 'The care and support whilst my father has been a resident, especially over this past week, has been exemplary.'

Respecting and promoting people's privacy, dignity and independence

- A dignity champion had been appointed whose aim was to put dignity at the heart of the service by promoting good practice and challenging any disrespectful behaviour. Dignity audits included speaking to staff about their understanding of human rights and for staff to give practical examples of how they make sure they treat people with dignity and respect.
- Staff supported people in a way that was respectful and upheld their dignity and privacy throughout the inspection. Staff spoke discretely to people when asking if they needed any assistance or support.
- People's independence was promoted so that they were encouraged to do as much as they could for themselves. Some people were provided with adapted cutlery to help them eat independently at mealtimes.
- Staff valued people's skills and experience. Some people had taught staff how to knit during a knit and natter session.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in day to day decisions about their care such as what to wear, what to eat and how to spend their time.
- The registered manager attended weekly coffee mornings, so they could speak with people about the things they would like to do and involve them in decisions about their care.

- Some people had difficulties processing information or making their needs known. Staff understood the importance of knowing people well, taking time to listen and speaking clearly to help understand people's choices and decisions.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

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

- Since the last inspection, the provider had implemented a creative activity programme which met people's social needs and interests. Activities were planned each month by the activity coordinator and people and their relatives informed. Photographs of events were shared with people in a newsletter. Events included celebrating the arts through poetry readings, art and music; visits from pets such as therapy dogs; church services; a summer fete and talking to people on a one to one basis.
- Feedback from people and relatives was very positive about the choice of activities provided. Comments from relatives included, "I am happy with the amount of activities. They have been improved since the new activity person took over." And "They always involve my relative with activities even though she can't always interact very well. She always comes back to her room with a prize from bingo." Comments from people included, "They are very good with the activities here. I like bingo, painting and the knitting group once a week." and "We have had a couple of outings this summer, one to Herne Bay and one to garden centre."
- A map of life had been developed for each person, containing information and pictures about people's life history. This detailed where people grew up, their previous occupation, religion and favourite things. Staff knew people's interests, preferences and any cultural or religious needs so they could support people in a personalised way.
- Care plans covered all aspects of people's care and support needs. This included guidance about how to meet people's specific health and medical needs such as caring for a person with a catheter or percutaneous endoscopic gastrostomy (PEG). A 'resident of the day' programme operated whereby this person's whole care package was reviewed in relation to their clinical, health, social and dietary needs. This helped to ensure the service was responsive to people's care and treatment.

Meeting people's communication needs

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

- Key documents such as the complaints procedure, used simple words and pictures to help people understand their content. The service's brochure used photographs and pictures to help inform people what they could expect if they came to live at the service.
- The activities and menu for the day were displayed using words and pictures. There was also a separate menu book with pictures of meal options.
- White boards were used to write things down for people who had difficulty hearing due to a hearing

impairment.

Improving care quality in response to complaints or concerns

- People and their relatives felt confident to speak with the registered manager or staff if they had any concerns or complaints. One person told us, "I have not had any problems but would be happy to speak to the manager if I had one."
- The provider's complaints policy was followed if any complaints were received. This ensured that people's concerns were looked into and the complainant informed of any actions taken in relation to their concerns.
- Complaints were viewed as opportunities to address any shortfalls in people's care. Lessons learned were shared with the staff team at staff meetings. For example, night care plans had been introduced which set out people's presences and helped to ensure people's needs were met in a consistent way.

End of life care and support

- The provider understood the importance of working closely with healthcare professionals, such as doctors and palliative care nurse, so people experienced a comfortable, dignified and pain-free death.
- Advance care plans (ACP) set out people's future decisions and choices about where and how they would like to spend their time at the end of their lives.
- Family members were welcome to visit and sit with people at any time, including overnight stays. End of life boxes has been implemented containing personal items for the person and their family member to enhance time spent with loved ones towards the end of their life.
- A written compliment had been received about the staff support one person had received at the end of their life. 'Thank you all so much for making dad's last week's so meaningful. To spend time with our mum was very important to him, and mum.'

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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; Continuous learning and improving care

At our last inspection the provider had failed to establish and operate effective systems to assess, monitor and improve the quality of the service. People's care records were not always accurate. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Quality checks and audits had been strengthened and were effective in identifying areas where improvements would benefit people. For example, monthly pressure ulcer audits had been introduced so the registered manager had oversight of how people's pressure areas were being managed.
- The provider had identified and made improvements in record keeping. For example, admission assessments now included any specific requirements people had that needed to be met on the first day they moved to the service.
- A range of meetings were held to aid communication in the service and ensure people's needs were being met. These included meetings for each department such as housekeeping, and clinical meetings to share best practice and develop learning. Each day short meeting was held with a representative from all departments to discuss any issues and promote joined-up care.
- The registered manager was further developing their skills. They had completed a course on how to ensure the service was well led and were working towards a Diploma in Strategic Management and Leadership.
- An organisational structure chart had been developed due to feedback that staff did not understand everyone's role within the service. The registered manager had worked alongside day staff and night staff in both units, to help gain oversight of the service. The registered manager understood their role and responsibilities to notify CQC about events and incidents such as abuse, serious injuries and deaths.

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

- Everyone told us the management team were a visible presence at the service and approachable. A health

and social care professional told us, "I found the manager to be very professional in her manner to both professionals, residents and family members." Comments from staff included, "The manager is supportive. She always listens and offers advice even telling me when I should take a break. The owners always ask how I am. It is completely different to how it used to be." and "Now if I ask for something it is usually here within a few days. The new owners are very approachable."

- The visions and values of the service had been redeveloped and were displayed around the service, so everyone was aware of them. These were to be caring, safe and make a difference.
- People and their relatives said the service was well-led and they would recommend it to others. One person told us, "I recommend this place because the care is good, and the activities are good." A relative said, "When I come in the staff are friendly and the residents look comfortable, so I would recommend the home."
- The provider understood the Duty of Candour which aims to ensure that providers are open, honest and transparent with people and others in relation to care and support. Lessons learnt meetings had been introduced to identify shortfalls and reflect on what the service could have done better.

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

- Feedback was regularly sought from people, relatives and stakeholders. A 'Suggestion of the month' was displayed in reception and had included ideas of what to ask potential staff at interview and about activities. People had said that they would like to do flower arranging and this activity had taken place.
- People, relatives and staff had completed an annual survey where they had been asked questions about aspects of the service. Feedback from relatives was that they were made to feel welcome, staff were respectful and overall the service provided a good place for their relative to live. People had been asked about activities, the menu and how they were treated by staff. People's responses were positive but had not yet been fully collated. Staff had highlighted some areas for improvement and an action plan had been developed to address them.
- People and their relatives were kept up to date with developments in the service through a quarterly newsletter. It contained photographs and articles about what had taken place at the service such activities, anyone who had passed away and improvements to the environment which had been completed.
- The provider recognised the value of a motivated staff team and had developed an awards programme. Awards were given to the nurse of the year, carer of the year and the most outstanding employee.

Working in partnership with others

- The provider worked in partnership with other social and health care professionals such as GP's, dietician, community nurses and the mental health team. Feedback from health care professionals was that good working relationships had been established.
- There were links with the local groups. Pre-school children had brought in their favourite toys to show people. A visit from the cub scouts was booked for the following month.
- A sixth form student, who had visited the service through a school's programme, had donated a raised flower bed which was part of the sensory garden.
- People were encouraged to take part in events which promoted a connection with others. People in the knit and natter group were making blankets for a baby unit. Other people had made cakes to sell in aid of the Alzheimer's Society.