

MyCare Homes Limited

Rosewood Care Home

Inspection report

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20 June 2017

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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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

We last inspected Rosewood Care Home on 31 March and 1 April 2015 and rated the home as Good.

The home provides accommodation and care for up to 35 older people, some of whom were living with dementia. There were 29 people living at Rosewood when we visited. The home is on one level with all the bedrooms having en-suite facilities. Communal areas include a sitting and dining room as well as a new conservatory. There is an outdoor courtyard area for people to enjoy sitting outside if they wish.

The inspection took place on 14 and 20 June 2017 and was unannounced.

There was a registered manager in place. 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 and associated Regulations about how the home is run.

People and their friends and relatives spoke extremely highly of the staff, registered manager and provider. Care plans were extremely person centred and were written as a narrative which enabled staff to read and assimilate the care plan easily and were reviewed regularly. This ensured that care plan detail was embedded within staff knowledge and working practice. The service was flexible and responsive to people's individual needs and preferences, finding creative ways to enable people to live as full a life as possible. The arrangements for social activities were innovative in that they were adapted to different needs and abilities. Staff and volunteers supported people to enjoy activities at a level which met their needs.

Staff had received training in safeguarding and the registered manager knew how and when to use safeguarding procedures appropriately. People's needs were met by suitable numbers of staff. The registered manager took people's changing needs into account when deciding the staffing levels. Some people's needs had increased so staffing levels were increased. Appropriate recruitment procedures were in place when new staff were needed. Risks to people's wellbeing had been identified and risk assessments were in place to minimise risks. People received their medicines as prescribed by staff who were trained and assessed as competent.

People were supported by staff who had received relevant training to enable them to support people they worked with. New staff completed an induction to the home and all staff were supported with a variety of training, supervision and appraisal. Staff had training in and followed legislation designed to protect people's rights and ensured they offered people choices and sought consent. People enjoyed their meals and had access to healthcare professionals when necessary.

There was a positive atmosphere within the home and people were very much at the heart of the service. People and their relatives valued their relationships with the staff team. People were supported to express their views and be involved in making daily decisions about their care and support. Staff supported people

with their personal care whilst being mindful of their privacy and dignity.

The registered manager had systems in place to monitor the quality of the service provided, including a range of audits. The provider and registered manager sought the views of people living at Rosewood and their friends and relatives and acted upon them to improve the service.

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.

There were enough staff on duty to meet people's needs. New staff had undergone recruitment checks before they started work.

People were protected from abuse.

People received their medicines safely and as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by a staff team who were well trained.

The registered manager understood the Deprivation of Liberty Safeguards and how they should be used to protect people.

People were supported to eat and drink appropriately and enjoyed their meals.

Staff ensured people had access to healthcare professionals when they needed them.

The environment met people's needs.

Is the service caring?

Good ●

The service was caring.

People and their relatives valued their relationships with the staff team.

People were supported to express their views and be involved in making daily decisions about their care and support.

Staff supported people with their personal care whilst being mindful of their privacy and dignity.

Is the service responsive?

Outstanding 

The service was very responsive.

The home was extremely flexible and responsive to people's individual needs and preferences. Staff promoted positive care experiences and enhanced people's health and wellbeing.

People benefitted from an extensive activities programme with activities which were adapted to meet their individual needs and abilities so that everyone could join in if they wished.

The provider had a complaints procedure in place and brought it to peoples' attention.

Is the service well-led?

Good 

The service was well led.

The registered manager and provider promoted a positive culture that was open and inclusive.

There were systems in place to monitor the quality and safety of the service provided and the registered manager undertook improvements to the service in response to audits.

There were clear management systems in place.

Rosewood Care 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.

The inspection took place on 14 and 20 June 2017 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection, we reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. The registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four people, five relatives, one friend, a health care professional, five staff and the registered manager. We could not directly communicate with everyone to ask them about their experience of care and support but we observed staff interaction with them and the care and support offered in the communal areas of the home. We looked at a range of records including three care plans, three staff recruitment files and medicines records.

Is the service safe?

Our findings

People told us they felt safe living at the home. Staff had received training in safeguarding and were aware of what to do if they were to suspect people were being abused. The registered manager knew how and when to use safeguarding procedures appropriately.

People's needs were met by suitable numbers of staff. The registered manager took people's changing needs into account when deciding the staffing levels. Some people's needs had increased so staffing levels were increased. Care staff were supported by staff who maintained the building, undertook the laundry, kept the home clean and provided meals. During our inspection we observed staff who were calm and unhurried, supporting people as required. One person told us, "I have no axe to grind, they look after me well. There is always somebody around to help." Comments from relatives included, "Staff are great here", and, "There are always plenty of staff, even at the weekends. They are always doing something in the afternoons and we come up at all hours." Comments from staff members included, "I think [staffing levels] are good. I get on well with all the girls, the atmosphere is nice. There are people around if I need help or support" and, "[Staffing levels] are quite good, I never feel under stress, there is always enough staff. The hours are worked out fairly."

Appropriate recruitment procedures were in place when new staff were needed. The provider sought references and completed checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Risks to people's wellbeing had been identified and risk assessments were in place to minimise risks. The registered manager ensured each person had a personal emergency evacuation plan in place and these were kept where they could be easily reached in an emergency.

People received their medicines as prescribed by staff who were trained and assessed as competent. Medicines were stored safely and securely. Staff monitored the temperature of the fridge daily to ensure medicines stored there were kept at the correct temperature. Medication Administration Records were kept for each person and staff signed to record when people had taken their medicine. These records were completed without any gaps. There were care plans in place for medicines which were prescribed as 'when required', such as for pain relief or agitation.

Is the service effective?

Our findings

People were supported by staff who had received relevant induction and training to enable them to support people they worked with. The induction period included at least two weeks working 'shadow shifts' which meant new staff were in addition to the staff rostered on to meet the needs of the home. New staff also studied for the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. It provides assurance that care workers have the skills, knowledge and behaviours to provide compassionate, safe, high quality care and support.

Staff completed training in a range of subjects which the provider considered mandatory as well as other relevant topics. For example, the registered manager had created a new format for the care plans and staff received training to ensure they could utilise the format effectively. Staff were also able to undertake further training in the form of vocational qualifications. The registered manager also used group training and supervision to develop staff, encouraging staff to take the lead in some topics. Staff were further supported in their work through regular supervisions (individual and group) and appraisals. Supervision and appraisal are processes which offer support, assurances and learning to help staff development.

Staff had training about the Mental Capacity Act 2005 (MCA). The 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. It was evident that staff worked to these principles through everything they did.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and authorised legally. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We found the provider was following the necessary requirements. The registered manager kept a record of important dates so that renewals could be sought, if appropriate, within the legal timescales.

People were supported to eat and drink in line with their preferences and dietary requirements. One person told us the food was, "Great, I lost weight [before I came here], they are trying to build me up. They check on me, make sure I'm eating. I had a drink of squash brought to my room." Another person told us, "The food is very, very good. I like plain food" and confirmed that the food was still hot when it was delivered to their bedroom, where they chose to eat their meals.

A visitor said their relative enjoyed the food, saying, "[Staff] are flexible, they say 'we've got [food item] for tea, do you want that?' If people say 'no', they say, 'what do you fancy?' I heard one lady, who had had her dinner, saying she hadn't eaten and that she was starving. They said, 'what would you like?' and got her what she asked for."

People's dietary requirements were clearly displayed in the kitchen and staff were aware of any allergies. We saw staff talking to each person, saying "Good morning, [person's name]" and asking if they would like the main meal of the day. People could choose something different to the roast dinner if they wanted to.

People's mealtime experience was relaxing and tailored to their dietary requirements. People chose when they ate their breakfast and we saw that some people were eating breakfast later in the morning. We also saw that meals were put by and kept warm if people were not ready to eat at the mealtime, for example, if they were with the hair dresser. People were offered the same choices as everyone else, that is, staff paid attention to the detail, such as asking them if they wanted mint sauce, as they had done with everyone else. Staff supported people to eat when needed, for example, by cutting up their meat. Staff knew people well and (where appropriate) waited to see if the person ate their meal independently before intervening to support them. Staff then provided the minimal level of assistance and returned to assist if the person was not eating independently. This meant people could maintain as much independence as possible when eating.

The registered manager ensured relationships were built and maintained with health and social care professionals. People had access to healthcare services when necessary. Healthcare needs were met by a range of visiting professionals such as a district nurse, occupational therapist and phlebotomist. Each person had a 'hospital passport' in place. This is a short document which gives information to emergency services or other healthcare professionals should the person be admitted to hospital.

One person had developed a particular habit when eating and action was taken to reduce the risk of them choking. Care staff were vigilant to ensure the person had swallowed all their food and guidance had been sought and implemented from healthcare professionals.

The accommodation was provided on one level and people walked around the home as they wished, with staff supporting their mobility if necessary. The environment was clean and corridors were wide enough that people could independently move round the home using a wheelchair. There were large pictures on the walls which identified what the area was used for, for example, photos of fruit in the dining area. The registered manager had been considering buying murals, for example, to make bedroom doors look different or wall paper to look like a row of shops, and a supplier had visited the home to measure up. The registered manager was undertaking this as part of making the home look more interesting to people living with dementia.

Is the service caring?

Our findings

People and their relatives valued their relationships with the staff team. As a result they felt really cared for and that they mattered. One person said, "It's like one big family." A visitor told us, "I walked in [to the home] and I loved it. [Staff] can't do enough for you. [Relative's name] went into hospital and they visited her, and they didn't have to do that." A relative of another person said, "I think staff found the change in her condition harder than we did. They were so very supportive. They went on to tell us about the relationship between their relative and a particular staff member: "[Staff name] has a good rapport with [my relative]; they have a lot of banter! Luckily this has continued [even though her health has deteriorated]."

Staff were specifically in tune to people's individual needs, providing care that was compassionate, considerate and comforting. For one person, their care plan said they were comforted by physical contact with staff. Staff confirmed their knowledge of this and we observed this in practice during our inspection. We also observed positive and timely interactions between people and staff. We heard one person saying they were concerned that the staff member was moving away from them and going somewhere else, and the staff member said, "I'll come back, I'm still here." We saw that this comforted the person and the staff member stayed in the vicinity. This was one of many examples we saw where staff were patient and unhurried with people to help ensure they were happy and content.

The registered manager reflected on their practice and how this impacted on people. They told us how they had supported a new person to move into the home to help them feel more at ease. The person looked to them thereafter for guidance and felt safe enough to share personal information about their past. The registered manager also told us how pleased they were that another person had got up to dance with them, for the first time.

People were supported to express their views and be involved in making daily decisions about their care and support. We heard staff offering people choices throughout our visit: they offered a choice of drinks, biscuits and condiments with their meal. People were asked where they would like to sit and staff told us they involved people in making a choice of what clothes to wear. We heard a conversation whereby one person wanted the door shut as they were feeling a draft. Staff discussed with other people and went with the majority decision, which was to leave the door open. Staff then suggested an alternative place for the person to sit out of the draft and supported them to move there. This meant everyone's needs were met.

Staff described how they supported people with personal care whilst being mindful of their dignity, which included ensuring the curtains were closed in their bedrooms. A relative told us, "[Relative's name] always has her hair and nails done, they are careful about making sure she looks nice." They went on to say that staff were discreet when supporting their relative to the toilet. They also said staff were patient when their relative asked to go to the toilet again within a few minutes.

During the inspection, a healthcare professional arrived to undertake a consultation. We observed staff talking to the person patiently and explaining several times, in different ways, that they were asking them to go to their room, so the consultation could take place in private. Staff took the time needed to ensure the

person's privacy was maintained. We heard staff using people's preferred names which were sometimes different to their given names.

Is the service responsive?

Our findings

People and relatives consistently told us the service provided at Rosewood Care Home was outstanding and that staff met all their needs. One person told us, "I wake up and I don't know where I am. I find the staff; they don't make a big song and dance [about it]. They tell me it's not time to get up, and come back [to the bedroom] with me. They make sure I'm alright and chat to me. They say they will come back and check on me and they do. Sometimes they read my mind, you think of something and they come up to you. It's great here. I have more good days than bad. I don't want to leave here" The person had a relative visiting and they said, "Staff are great here, [my relative] loves it here and we've relaxed." They followed this by saying they knew staff were there and were supportive when their relative got up during the night.

Relatives also spoke extremely highly of how responsive the registered manager and staff were to people's needs when their health changed or deteriorated. They told us staff consistently excelled in pro-actively monitoring and promoting people's physical and mental health and well-being. Staff and management were fully committed to this approach and found innovative ways to make it a reality for each person using the service. An example of this was a person whose mental health had significantly declined. The registered manager knew their religion was very important to them and suggested that they say the Lord's Prayer together as well as reading the person some of their "Word of the Day" prayers, as the person was unable to read them. The person wrote to us saying, "[The registered manager] came to see me and was very kind indeed and made me realise there was more to life. We read the Lord's prayer together which was beautiful and meant a lot to me. We read the "Word of the Day" as I can't read them myself now. It made me feel very relaxed...my mood started to pick up from that time. [The registered manager] reading the Lord's Prayer saved me, it was the lowest I have ever been." The person also told their family and friends how much better they had felt after this act of kindness. One of their friends wrote to us and told us they thought the action taken by the registered manager had helped the person to believe that people cared and loved them. They also wrote, "[The registered manager] seems to realise just what [person's name] needed; it came so naturally to her; with whose care; understanding; care staff and her devoted family, [person's name] is back to their old self." For this person, their mental health was significantly improved which had a huge impact on their wellbeing.

We spoke with one person and their two relatives who were visiting. One of the relatives spoke of their experience and told us: "We are over the moon; it's everything we wanted for [relative's name]. Nothing is too much trouble. Her needs [subsequently] changed, but they've accommodated everything without question. They were happy to take her back and she is eating and drinking more." They went on to say, "[Relative's name] was getting depressed, so [staff] moved her [after discussion] to a different room so they could keep an eye on her. If [relative's name] does not feel like going to the hairdresser's [a separate room in the home], the hairdresser comes up here [to the bedroom] and tongs it for her." The person agreed with all that was said and told us they were happy living at Rosewood.

People had an enhanced sense of wellbeing and exceptional quality of life. One staff member summarised this when they said, "Our residents are different and changing daily, they're evolving and changing, so their care needs to change and evolve with them." From our discussions with staff, it was clear that staff knew

people very well and knew how to respond to them in ways which ensured an enhanced sense of wellbeing. A staff member described an occasion when they were supporting a person with personal care in the bathroom. The person said their neck was hurting so the staff member suggested moving to a different place for their personal care, which they agreed to do. The staff member then offered to take their breakfast to their bedroom instead of the person going to the dining room. The person agreed to this, but when the staff member took the tray to them, the person had forgotten and did not understand why the tray was there. The staff member told us how they had explained the reason to the person who then accepted the tray and asked the staff member to check on them later, which they did.

Relatives told us that staff had a consistent and flexible approach which helped engage their family members to feel comfortable and play an active role in the home environment. One relative told us, "They've managed her care well; they are consistent with her [deteriorating health]. A lot of staff have been here as long as [relative's name]." Another relative of the person said, "I would come here!" and followed this by saying, "The staff stay here, there is really good consistency for people with dementia. [Relative's name] calls one staff member by a different [wrong] name, and now she answers to it!" They also impressed on us that staff were extremely patient with their relative who had a specific sight issue and that staff supported the person to mobilise. They also gave us an example of how staff involved and respected their relative. They said, "[Staff name] lets her call the bingo even though she gets the numbers wrong; they have a good laugh!"

During our inspection a healthcare professional visited and told us they visited the home on a weekly basis. They told us, "I would put my Mum here, or myself! It is the little touches, when someone leaves [the home]; I see them painting the room ready for the next person who moves in." They went on to say there was always a good, pleasant atmosphere at breakfast time, which was the time they tended to visit.

We observed how staff responded to people during the time we were there. We saw that one person started to walk around, communicating through sounds rather than words and looked a little unstable. Staff went to support them straight away, offered to walk with them and did so when the offer was accepted. Staff were familiar with the sounds made by the person and responded to them accordingly, including the use of gentle physical touch. This meant the person had a positive interaction with staff and remained calm.

Care plans were in place and these were written following assessment with people's involvement as well as their relatives and healthcare professionals. A relative confirmed to us that they had completed a form about their relative's life history but also said that staff spent time talking with their relative about their life. A staff member told us that care plans "tell you what care people need and everything about them...it's about person centred care."

Care plans were extremely person centred and written as a narrative which enabled staff to read and assimilate the care plan easily and were reviewed regularly. This also meant that new or agency staff would be able to read the care plan and understand how the person was to be supported as an individual. Staff had extensive knowledge about people's likes, dislikes and personal histories. A staff member told us, "The care plans have recently changed to a very good system. We used to write 'no change', [each time they were reviewed], but now I've had the chance to write one, I found as I was typing it I found out more about the person. The language used is easier to understand and follow. They are more about the person than the task and encompass everything." The care plans evidenced a large amount of knowledge and information about people's preferences and their needs were well known by staff. For example, one person saw images of animals that were not there and staff not only knew this but also recognised that an image seen on television could then be thought to be in the room by the person, which distressed them. Staff also knew that when the person talked about one relative, they actually meant another. There was also detailed information about some personal items owned by the person, which comforted them at times of distress

and which had names. Staff knew about these items and ensured they were kept in the same place so the person could find them when they wanted to. Staff's knowledge about people's care plans was embedded into their working practice. This helped to ensure that care provided was individualised and met people's current needs.

People benefitted from an extensive activities programme. Staff were flexible and responsive to people's individual needs and preferences, finding creative ways to enable people to live as full a life as possible. The arrangements for social activities were innovative in that they were adapted to different needs and abilities. Staff and volunteers supported people to enjoy activities at a level which met their needs. One example was a baking session, held weekly and run by volunteers who used to have relatives living at the home. The tasks leading to the finished creation were broken down and support given as necessary, such as some people needed the ingredients to be weighed so they could mix them, other could weigh the ingredients themselves. The tasks were divided into different tables so that the volunteers could assist appropriately. Adaptations were made so people could still enjoy activities such as bingo, even when their eye sight had deteriorated. The registered manager had made bigger bingo cards and collected milk bottle lids for those who could not use the usual bingo counters. This was reflective of the staff's inclusive ethos which demonstrated a dedication to make activities available to all people and encourage inclusiveness.

Staff focussed on promoting people's physical and mental wellbeing and nurturing a communal atmosphere within the home. We observed an activities session where an external activities professional conducted a music and quiz session which was held once or twice a month. It was a very hot afternoon and staff thought people may not enjoy physical activity in the heat. However, all available staff on duty joined in, with genuine enthusiasm, with the singing, dancing and shaking of maracas and ensured that people sat at the far end of the room were involved. This meant people who would not otherwise participate were motivated to join in and we could see everyone thoroughly enjoyed the session.

A relative told us, regarding activities, "Things are going on most days: music; bingo; raffles; skittles from their chair; leg exercises; singing and quizzes." Another relative was enthused about the series of history talks at the home and said, "The history talk was really good, it was amazing how many memories they [people] remembered. I enjoyed it as well." We received other highly positive comments about the history talks which had focussed on Southampton in the past and engaged people, whether or not they were from Southampton.

Ideas for activities were discussed at the "resident's meetings." One such idea had been for a knitting circle and this had been implemented. Some people knitted squares which would be sewn into a blanket and donated to charity. Some people knitted throughout the week, not just at the designated time for the knitting circle. Other activities were broad in their scope. A member of staff told us, "There is a lot [of activities] lined up, we have parties, for example, at Easter. Sometimes [the registered manager] says 'Let's have a barbeque.' [The registered manager] is good at hosting parties and notifies families. There are relatives' meetings to air views, see if they are happy, unhappy. Residents come and go so there are different tastes, we try to accommodate everyone. They like talking activities, such as reminiscence, they are happy and open to talk about their upbringing. We have recently started knitting and some like gardening." Another activity focussed on interacting with animals and reptiles and this took place two or three times a year. The registered manager told us how people made cards and were collecting magazines to make collages. There was not an overreliance on the television. A local radio station was played in the morning and a person sat near the radio was clearly listening to it. Music CDs were played in the afternoon. We also saw that people were encouraged to sit in the garden and had been involved in planting seeds for the summer. A visitor said they had seen their relative planting seeds with staff support as they were visually impaired. One person had asked if they could join in with the staff fire training, which they did. This meant

staff thought 'outside of the box' when it came to activities and interests.

The provider had a complaints procedure in place which was displayed where people and visitors could see it. People were reminded, through the resident's meetings, that the procedure was available to them. The people and visitors we spoke with did not have any complaints and one relative told us they "would speak to who's in charge" if they did have a complaint. Another relative said they would speak to the deputy manager or registered manager. The registered manager had not received any complaints.

Is the service well-led?

Our findings

A relative said they found the registered manager and deputy manager, "very approachable." They had discussed their relative's declining health with the deputy and this had been a "good discussion. They are always available for discussion and are cheerful." Another visitor told us the registered manager was, "Wonderful, so is [the deputy], they are very caring. I imagine [the registered manager] is fussy over who comes in to work here."

Staff agreed the culture of the home was open and transparent and said they could raise any concerns. Staff also spoke highly of the registered manager. Comments from staff included, "The home is managed very well. [The registered manager] is a good manager, she is firm when she needs to be; respects us all and we respect her, but we can have a laugh with her and talk to her confidentially", and, "I think [the home] is well led, I never dread coming in. I can speak to [the registered manager] any time. She gets involved, she's not just sat upstairs, she will muck in; if we are short staffed she won't let people struggle. [The provider] is always doing stuff and improving things. It is a really nice place to work; I would recommend it to anyone." Another staff member elaborated further and said, "I have worked here for years, I like Rosewood; [the registered manager] is always there to help, and [the deputy] is as well."

The staff member also told us how they felt supported by the provider, saying, "If you've done a vocational qualification, [the provider] takes you out for a meal. [The provider] is very hands on, he gets things done. If a television has broken down, he replaces it straight away so the residents don't go without." In addition, one person also said of the provider: "He is lovely, he walks around every day, asks me if dinner was alright. It's light-hearted, we have a laugh." The registered manager felt supported by the provider and said, "[The provider] is absolutely brilliant, anything I've said I need, he gets. For example, we were talking [last week] about having items on display [for people to hold and explore]: he has already set up a corner. Some items we already had but he has also gone out to find more."

The registered manager had systems in place to monitor the quality of the service provided. The registered manager audited a range of records such as environmental risk assessments, maintenance of equipment, infection control and accidents and incidents records. They were then able to identify any patterns and took action to reduce further incidents. An example of the registered manager making changes in response to the audits was taking the decision to change bedroom carpets to flooring which was easier to keep clean and fresh, when it was appropriate to do so.

The provider and registered manager sought the views of people living at Rosewood and their friends and relatives. 'Residents meetings' were held regularly, a notice was placed so that people could see when the next meeting was and minutes were also available. The meetings covered a range of topics, such as food, fire safety, care plans, how people felt they were treated by staff and activities. Ideas raised at the meeting were explored further and implemented, for example, the formation of the knitting circle. The registered manager told us that some people liked to stay in their bedroom for most of the day, but did take part in the meeting.

An annual questionnaire was also sent to people and their friends and relatives. The registered manager received 21 completed questionnaires from the last survey completed in 2016. The results were positive and questions included areas such as choice, privacy, dignity and whether people felt staff had enough time to support them with their personal care. One concern had been raised about doors banging at night and the registered manager took action to address this. A relatives' survey was also conducted and 26 were returned. Again, the results were positive, although laundry was raised as an issue. The registered manager made changes in the laundry room so that staff could more easily deliver clean laundry to people.

The registered manager held regular staff meetings and sought feedback afterwards about whether staff had found the meeting informative and the feedback was positive. An example of topics covered in these meetings was the new care planning system, where staff worked in groups and devised a care plan for someone they knew.

An external consultant visited the home quarterly to provide advice regarding the quality of the service. When they identified possible improvements, the registered manager took action and addressed any concerns. An example of this was a small improvement which would make the staff recruitment files more comprehensive and this work had been completed.

The registered manager ensured the home met registration requirements. This included sending notifications of any reportable incidents to the Care Quality Commission when required.