

Derbyshire County Council

Beechcroft Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Beechcroft Care Home is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Beechcroft Care Home is registered to accommodate 40 people. At the time of our inspection 36 people were using the service. The service accommodates people in one building and support is provided on one floor with three lounge areas and three dining areas. A garden and enclosed patio were also available that people could access.

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

At our last inspection on 26 September 2016 we found the provider was not meeting all the regulations that we checked and we rated the home as Requires Improvement. We asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe, effective, caring, responsive and well led to at least good. We found these improvements had been made and we have rated the service as Good overall. Although we did not find any breaches of the regulations, further improvements were needed to ensure the service is responsive to people's holistic needs. Such as ensuring activities are available on a daily basis for people to participate in and that opportunities for people to socialise with each other are available within all communal areas. The registered manager had identified this and was taking action to address this.

People confirmed and we saw that there was enough staff to meet people's needs. Individual risks to people and environmental risks were identified and staff were available to minimise these risks and maintain people's safety.

Records were available and we saw checks on staff had been undertaken prior to employment, to confirm the staff were of good character and suitable to support people.

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

Reviews of people's care were undertaken on a monthly basis and people and relatives confirmed that they were consulted and involved.

Our observations and discussions with people and their relatives confirmed the staff were considerate and caring. We saw the staff knew people well and had a good relationship with them; they took the time to stop

and chat with people throughout the day.

Staff were clear on their role on protecting people from the risk of harm and understood their responsibilities to raise concerns. There were processes in place for people to raise any complaints and express their views and opinions about the service provided.

Assistive technology was in place to support people to keep safe. Staff were provided with the right training and support to enable them to meet people's needs. People were supported with their dietary needs and to access healthcare services to maintain good health. Systems were in place to prevent and control the risk of infection.

People who used the service and their relatives were involved in developing the service; which promoted an open and inclusive culture. There were systems in place to monitor the quality of the service to enable the registered manager and provider to drive improvement. We saw these were being used effectively to make the improvements required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

People were supported to keep safe by staff that understood their responsibilities to report any concerns. Risks to people were minimised and they were supported to take their medicines in a safe way. Sufficient numbers of staff were employed through recruitment procedures that checked their suitability to work with people. The systems to manage infection control and hygiene standards were effective and when improvements had been identified the provider had taken action to address these.

Is the service effective?

Good ●

The service was effective.

People received supported from trained staff and their rights to make their own decisions were respected. People were supported to maintain a diet that met their requirements and preferences. The registered manager and staff team worked with health care professionals and people's health was monitored to ensure any changing needs were met. The adaptation of the home enabled easy access for people.

Is the service caring?

Good ●

The service was caring.

Staff treated people with consideration and kindness and promoted their rights to make choices. People's privacy and dignity were valued and respected and they were supported to be as independent as possible. People's right to maintain relationships with people that were important to them were respected and they were supported to celebrate events that were important to them.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive

Improvements had been made in offering people stimulation, but further improvements were needed to ensure everyone that used the service was supported to socialise. People and their representatives contributed to the assessment and development of their care plans. People and their representatives were supported to share any concerns and these were addressed in a timely way.

Is the service well-led?

Good ●

The service was well led.

People were consulted and involved in the running of the service. The provider and registered manager understood their responsibilities and had resources available to them. Staff were supported in their work. Systems were in place to monitor the quality and safety of the service and drive improvement.

Beechcroft 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.

Beechcroft Care Home accommodates 40 people across one floor with adapted facilities. There were 36 people using the service at the time of our inspection. This comprehensive inspection took place on 2 February 2018 and was unannounced. The inspection visit was carried out by one inspector 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.

Our last comprehensive inspection was undertaken on the 26 September 2016. At that time the provider was not meeting all of the regulations and the home was rated as requires improvement in all domains, with an overall Rating of Requires Improvement. At this inspection we saw that improvements had been made but further improvements were needed.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The inspection was also informed by notifications the provider had sent to us about significant events at the service. We used this to formulate our inspection plan.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with thirteen people who used the service and four people's relatives. We also spoke with four members of care staff, a senior carer, the cook and catering assistant and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for four people. We checked that the care they received matched the

information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Is the service safe?

Our findings

At the last inspection there was not enough staff available to ensure people's needs were met in a timely way. We found that the provider was in breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw and people told us that sufficient staff were available to support them. One person told us, "There is always staff around if we need any support. At night if I press my buzzer they do come pretty quickly." The registered manager told us that since the last inspection the shift pattern had changed which had increased the number of staff available. The registered manager shared with us the monthly audits that were undertaken to identify the staffing levels needed based on people's needs. We saw that staff were available within communal areas throughout the day to support people when they needed assistance. For example, when people needed to use the bathroom and to assist them with their meals as required.

At the last inspection we could not be assured that care staff were recruited safely as staff recruitment files were not stored at the home but at another of the provider's locations. At this inspection, staff told us they were unable to start work until all of the required checks had been done. Copies of staff recruitment records were held at the home and demonstrated that the provider checked staff's suitability to work with people before they commenced employment. We looked at the files of two staff recently recruited. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place.

At the last inspection we saw that some people were not supported to move safely or have the correct pressure cushions in place. At this inspection we saw improvements had been made. Risks to people's health and wellbeing were assessed and care plans implemented. On the day of the inspection one person was being assessed by a health care professional regarding their mobility and we saw the staff that supported this person were involved in this assessment. We also observed the staff moving a person from their armchair to a wheelchair using specialised equipment and saw this was done safely. They supported the person with care and respect, and talked them through the whole procedure. They were encouraging and supportive and worked at the person's own pace.

Equipment was maintained and serviced as required to ensure it was safe for use. Risk assessments provided staff with guidance on how to support the person and we saw these were followed. For example, where people required support with pressure relieving equipment, we saw the correct equipment was used in accordance with the person's care plan. This demonstrated that people received the appropriate care to help prevent sore skin from developing.

Plans were in place to respond to emergencies with personal emergency evacuation plans in place for each person. The plans provided information about the level of support the person would need in the event of fire or any other incident that required the home to be evacuated. The information recorded was specific to each person's individual needs. We saw that where equipment was needed to support a person to evacuate this was easily accessible to staff who confirmed they had received training to use this equipment.

The registered manager confirmed that the Herbert Protocol was in place at the home for people living with dementia. This is a nationwide initiative to support the police and rescue services in finding a person if they leave the home unattended.

People felt safe with the support provided to them by the staff team. One person said, "It's alright here, I'm happy." Another person said, "The staff are kind, I have no complaints, they definitely look after me." A relative told us, "The staff are brilliant and keep my relative safe; it's a huge weight off my mind knowing they are safe and looked after well." Staff knew how to recognise and report potential abuse to keep people safe from harm. One staff member told us, "Our training covers the different types of abuse and reporting concerns. If I had any concerns I would report them to the manager and she would make a safeguarding referral. I know we can report directly to them but I have never needed to do that." We saw there were safeguarding procedures in place in line with the provider's procedures. Staff confirmed they had access to these policies for further guidance if needed.

People were supported to receive their medicines safely and we observed the support people received at the lunch time meal. The staff spent time with people explaining what the medicine was for when they administered them. When people had medicines that were on an 'as required' (PRN) basis, we saw this was offered to them first. Guidance was available about the PRN medicine, for staff to ensure people received these when needed.

Records were in place to demonstrate that people received their medicines as prescribed or if not; the reason why, which ensured a clear audit trail was in place to monitor when people had taken them. There were effective systems in place to store medicines to ensure people were safe from the risks associated to them. Staff who administered medicines told us they received training and had checks to ensure they managed medicines safely and records seen confirmed this. Staff knew what action to take if they identified a medicines error. There were checks in place to ensure any issues were identified quickly and action taken as a result.

People told us and we saw that the premises were clean. One relative said, "What I like is that it's lovely and clean. It is also decorated lovely." There was personal protective equipment available and we saw staff used this when needed. Staff we spoke with knew how to prevent infections and we saw personal protective equipment was used, such as disposable gloves and hair nets when managing food. The registered manager stated in the provider information return that infection control had been looked at with changes brought in to prevent further outbreaks of diarrhoea and vomiting which were occurring at the home prior to them managing the service. These changes included introducing colour coded towels & flannels, decorating toilet areas and providing hand washing facilities in each bedroom and changes to the cleaning schedules. We saw that infection control audits were undertaken to identify any areas for improvement. The registered manager told us that monthly audits had been implemented which focused on a different area each month. We saw that where areas for improvement had been identified these were recorded and included the actions taken. For example, we looked at the audit completed in January 2018 which assessed the hygiene standards of bedrooms and en-suite bathrooms and saw that improvements had been identified regarding the corners of bedroom floors not being cleaned thoroughly. The cleaning schedule in place had been revised to ensure all areas of bedroom floors were cleaned thoroughly.

The provider had been rated a four star by the food standards agency in February 2017. This is rating means the hygiene standards of the kitchen, at the time of inspection were considered 'good'. The food standards agency is responsible for protecting public health in relation to food. We saw that kitchen staff and all staff that handled food had completed training in the safe handling of food and wore personal protective equipment to ensure hygiene standards were maintained.

Accidents and incidents were reviewed and actions taken as needed to ensure people received the appropriate support. For example, falls were analysed to enable the registered manager to seek appropriate guidance and support for people; to ensure people's changing needs were met and their safety maintained.

Is the service effective?

Our findings

At the last inspection we observed the principles of the Mental Capacity Act were not always followed and staff did not always check people consented to their care before they provided it. We found that the provider was in breach of Regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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 were being met. We saw that assessments had been completed with best interest decisions for each area of care where the person lacked capacity to make the specific decision. Staff demonstrated they understood their responsibilities for supporting people to make their own decisions and we saw this was done. For example, people were asked before support was provided and choices were offered at meal times.

People can only be deprived of their liberty so that they can 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 any conditions on authorisations to deprive a person of their liberty were being met. Applications relating to DoLS had been referred to the relevant authority and reviewed in relation to the timeframe. Some people had a DoLS which had been authorised and any conditions relating to the authorisation were recorded and we saw that these had been met.

We saw that information gathered prior to admission was used to develop people's care plans and identify their needs, preferences and interests. This information included the person's support needs, their health and emotional well-being. This was done in consultation with people's families where possible, to gather a picture of the person's life and what was important to them. One family member told us, "I am fully involved in my relatives care and anything I ask for I get. The manager and staff team are so supportive and considerate."

We saw the provider ensured people were protected under the Equality Act. This was because the barriers that people faced because of their disability had been removed to ensure they were not discriminated against. This varied from call systems that enabled people to call for staff support and accessible facilities within the home, to enable people to move around the home independently. The registered manager told us the provider was looking to install a loop system within the home to support people with a hearing impairment.

People were happy with the support they received from the staff team. One person said, "Everything is beautiful. They look after us." Another person told us, "The staff are absolutely lovely, they help me a lot. I can't fault them." Staff confirmed they had regular training, supervision and support to carry out their duties.

One member of staff said, "The training we get covers everything we need to support people and we get refresher training to keep us up to date." Another staff member told us, "We get regular supervision from the manager or deputy. They are both very supportive."

The registered manager told us that new staff completed the care certificate. This is an induction that sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment. This demonstrated that new staff received the support and training required to support them to meet people's needs and maintain their safety.

People commented that the food was "excellent" and "lovely" and that there was always enough to eat and drink. One person told us, "They encourage us to eat healthily." Another person said there was always a choice of two meals and told us, "You never go hungry." We observed the lunch time meal and saw people were offered the two choices available. There was an alternative to the choices available if needed. For example, one person requested an alternative dish and this was provided for them. The catering staff told us that food for specific diets were available such as soft and fortified diets. We saw that assessments and weights were monitored. These were reviewed to ensure any changes were identified and managed; so that people could be referred to the appropriate health care professional. For example, to speech and language therapists when people had difficulty swallowing or were at risk of choking. The cook told us, "We have plans in place for everybody which includes their dietary needs and preferences, so we know everyone's requirements."

People were supported to access external health professionals to maintain their health care needs. One person told us, "If we're ill the doctor comes in to see us and if we need to go to the hospital the staff take us." Another person said "A physiotherapist comes in to give me exercises." We saw the registered manager worked with healthcare professionals to ensure people received the support they needed in a timely way. For example, one person who had recently had their health care needs assessed received equipment on the day of our visit to support them.

The design of the building enabled access for people that used wheelchairs and we saw that people were able to walk around with or without staff support as needed. There were outdoor spaces available for people to access and equipment such as hoists and walking aids were available to enable people to move safely.

Is the service caring?

Our findings

At the last inspection our observations on whether staff spoke with people in an appropriate and caring way were mixed. At this inspection we saw and people told us they were treated with consideration and respect. One person told us, "The staff treat me with respect." Another person said, "The staff are nice. They look after us." We saw that staff treated people with kindness. For example, when a person became distressed, the staff member was very supportive and put their arm around the shoulders of the person and talked gently and softly to them to reassure them. We saw that staff took the time to chat with people and ask them how they were feeling. One person was preparing to go out for their Birthday and a staff member was talking to them about this. Throughout the day we observed friendly banter between staff and people that was warm and sociable.

Staff knew people well and had a good knowledge about the things that were important to them. For example, when people were having a mid-morning drink the staff member knew exactly what each person preferred and whether or not they had sugar and milk, tea or coffee. People were supported to maintain their appearance and be comfortable. One person told us, "I always like my hair to look nice; the hairdresser does that for me." Two other people, who were sitting together in one of the lounges, told a member of staff the room was getting too warm for them. We saw the staff member was very obliging and agreed with them saying, "It is warm in here, let's turn it down low for a while, we can always put it back up later if it gets to cool." They then turned the radiator to a lower setting for the two people using this room.

We saw that people were not discriminated against with regard to their disability and were supported to be as independent as they could be. This was achieved through assessing each person's abilities and providing the equipment they needed to keep them safe. Staff supported people to make decisions for themselves wherever possible. The staff explained things and used different approaches to ensure people understood and could make informed choices. We saw that pictorial aids were used to assist people when needed, such as pictorial menus.

At the last inspection we found that people's involvement in care plans was not consistent. At this inspection people we spoke with and their relatives confirmed they were involved and consulted in their care. One person told us, "Nothing is done without my agreement and things are done the way I like them." One relative told us, "I'm fully involved and kept informed of any changes." We saw staff respected people's dignity, privacy and choice. Throughout the inspection, we observed that staff were courteous, polite and consistently promoted people's rights by listening carefully, offering choices and respecting decisions.

The registered manager told us and records confirmed that one person was supported to make decisions regarding their care by using an independent advocate. Independent advocacy is a way to help people have a stronger voice and to have as much control as possible over their own lives.

People told us their privacy and dignity was respected by staff and confirmed their personal care was provided by their preferred gender of staff. One gentleman said "It's always a man that helps me have a

shower, never a woman." Staff understood the importance of ensuring people's dignity in care. They were able to give examples of how they did this, such as covering people when they received personal care and ensuring doors and curtains were closed. People we spoke with confirmed this. One person told us, "The staff always knock on my door before they come in." Another person said, "I always feel comfortable when the staff are helping me with a wash; they cover me over and are very respectful."

People were supported to keep in contact and maintain relationships with their family and people that were important to them. One visitor told us, "The staff are lovely and are always welcoming. They are supporting us to arrange a birthday surprise for my relative." The registered manager confirmed that people were supported to celebrate important events like birthdays and told us, "The cook makes a Birthday cake if families want them to; sometimes they bring in their own but we are always happy to do that."

Is the service responsive?

Our findings

At the last inspection some people felt there weren't enough activities to keep them occupied and we saw people's preferred interests weren't recorded within their care plans. We found that the provider was in breach of Regulation 9(1)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw that some improvements had been made and the provider was meeting this regulation; however the registered manager had recognised that further improvements were needed.

An activities board was on display that stated there would be a 'sing-along' on the day of the inspection. However we did not observe any sing along or other activities taking place. We identified that people that sat in smaller communal areas in the home spent time chatting with each other. However in the large communal area near to the entrance of the home, other than discussions with staff, there was very limited interaction between the people that chose to sit in this area. We also noted that the same CD was played from late morning to late afternoon which may have been quite monotonous for the people sitting there. This demonstrated that further improvements were needed to ensure the social needs of everyone that used the service were considered and met.

The registered manager confirmed they had identified the lack of social interaction in the large communal area. They told us that when this area had been inaccessible, due to a new carpet being laid; the people that usually chose to sit in this area had accessed the smaller lounges available and had spent time socialising with each other. The registered manager discussed the renovations that were taking place and their plans to convert this area to provide smaller communal areas to promote an inclusive approach and social interaction between people.

Information regarding people's preferred interests had been recorded in their care plans and the majority of people told us activities they enjoyed were provided to them. Although one person told us they were "Fed up occasionally because of boredom." Several people told us they enjoyed playing bingo. Relatives we spoke with confirmed that activities were provided to people. One relative said that their relation sometimes played bowls.

The registered manager told us that trips had been undertaken within the local community to local areas of interest and these had been chosen by people that used the service, such as the local garden centres, the butterfly farm and pub lunches. People we spoke with confirmed these events had occurred. People spoke fondly about going out and talked about the meal they had to celebrate Christmas. Staff told us that the home had developed links with the local school. For example, people had taken part in Easter egg painting where the school children and people that used the service had painted Easter eggs and other events where the school children had visited people at the home over the year.

People told us they could choose how they spent their time. One person told us they liked to read the paper and listen to music. They said, "I join in sometimes, like when they put on a quiz or have entertainers but I like to do my own thing really." We saw that activities were provided from external sources such as chair

exercises and singers.

People's cultural and diverse needs were incorporated within their initial assessment and care plans to ensure their needs could be met. Staff understood about respecting people's rights and supported them to follow their faith. People confirmed they received visits from their preferred faith denomination.

The registered manager confirmed they were aware of accessible information standards (AIS) and told us that information could be provided in different formats for people if needed. They told us, "We have pictorial menus to support some people, We can provide information in braille and large print or audio but currently we have nobody who requires this."

People and their relatives confirmed they were involved and consulted in reviews of their care. One relative told us, "We have had a review but the manager works with us all the time to make sure my relative gets the care the way they want it."

Relatives confirmed they would feel comfortable speaking with the registered manager or staff if they had any concerns. One relative told us, "Any problems I would speak to the manager. I know she would sort it for me; she is very good." The staff confirmed that if anyone raised any concerns with them they would inform the person in charge. One member of staff told I would report directly to the manager or if she wasn't on duty the person in charge." A complaints procedure was in place and guidance was available in the entrance to the home on how to express a concern or raise a complaint. A system was in place to record the complaints received and we saw these had been addressed in a timely way and actions taken with the outcome recorded. A system was in place to audit the complaints received to enable the provider to identify any patterns or trends and take action as needed.

Arrangements had been made to respect each person's wishes when they came to the end of their life. The support plan included information about how people wanted to be supported and receive care at the end of their life. There was information about any agreed funeral plan and the contact details of the person's relatives or representatives. At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this.

Is the service well-led?

Our findings

At the last inspection we found records were not always updated to reflect people's current needs. We found that the provider was in breach of Regulation 17 (1) (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw the required improvements had been made. Quality monitoring was in place and we saw that actions were taken to drive improvement. This included audits of people's care records every month to ensure they remained up to date. Audits were also in place regarding the environment, equipment used and infection control and food hygiene monitoring. We saw that where actions were identified these were addressed, for example it was identified that staff were wearing jewellery and this was addressed through staff supervision.

We saw the data management systems ensured only authorised persons had access to records. People's confidential records were kept securely so that only staff could access them. Staff records were kept securely and confidentially by the management team.

Staff understood their right to share any concerns about the care at the home and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. Staff knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority. One member of staff told us, "If I had any concerns I would tell the manager. I know we can contact the safeguarding team directly but I have never needed to do that." Another member of staff said, "I am confident the manager would take the correct action if I reported a concern." Staff told us they felt supported by the registered manager and had the opportunity to attend regular staff meetings and minutes of these meetings confirmed this.

There was a registered manager in post who understood their responsibilities of registration with us. People and their relatives spoke highly of the registered manager and deputy manager. One person told us, "The manager is lovely; she always has time for me." A relative said, "The managers are lovely and really helpful. They're really good." Another relative said "They do care. The managers are brilliant." We saw that resources were available to drive improvement. At the time of the inspection the home was undergoing refurbishment and people told us they were aware of these changes and were happy with the new furnishings. We saw that improvements had been made to the décor of the home. These included orientation boards that displayed the date and time. Refurbishment was ongoing and we saw some areas had new chairs and modern décor and ornaments. One person told us, "It's lovely isn't it, bright and cheery." The registered manager told us of their plans to promote social integration by adapting communal areas to provide smaller communal areas.

There was an infrastructure of support for the registered manager which included a deputy manager, senior care staff and care staff. Housekeeping and catering staff were also on site along with administration staff to support the manager in the running of the home. The registered manager confirmed they felt supported by the provider. The current rating for the home was displayed visibly when entering the home and on the provider's website in line with our requirements.

People were supported to express their views to enable the registered manager and provider to improve the service. This included residents and relatives meetings. We looked at the meeting undertaken in November 2017 where discussions took place regarding the Christmas festivities which included a meal out, a raffle, a beetle drive and a Christmas fuddle where relatives were invited with external entertainers providing the entertainment. We saw that discussions had taken place regarding the refurbishment of the home and the new menus. The records showed that people had been consulted and were happy with the changes. People had requested the return of the newsletters and we saw that these had been implemented.

A 'wish tree' was in place within the home for people to write their views or any ideas they had. Comments from people that used the service included, 'I'm happy with everything.' And 'I'm happy with the freedom I'm given and the lovely staff.' Visitors had written, 'It's an absolute pleasure to come and visit family, lovely, caring, bright environment. Very welcoming. I can visit any time of the day or night and still be welcomed. Keep up the amazing work.' We saw that people had also requested more residents and relatives meetings. In 2017 there had been six meetings over the year. The registered manager confirmed these were planned for every month throughout 2018.

We saw the registered manager promoted partnership working with other professionals such as local doctors' surgeries and community teams; to ensure people received the support they required.