

Larchwood Care Homes (North) Limited

Sowerby House

Inspection report

Front Street
Sowerby
Thirsk
North Yorkshire
YO7 1JP

Tel: 01845525986

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

The inspection took place on 30 May and 8 June 2018 and was unannounced.

Sowerby House is a 'care home' in the village of Sowerby on the outskirts of Thirsk. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service provides residential care for up to 51 older people and younger adults and specialises in supporting people with a physical disability or who may be living with dementia. Accommodation is provided in one adapted building with bedrooms spread across two floors. There is a passenger lift to access the first floor.

The service had a registered manager. They had been the registered manager since March 2018, but had worked as the deputy manager before taking this role. A registered manager is a person who has registered with the CQC 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. The registered manager was supported by a regional area manager and deputy managers in the management of the service.

The service had previously been rated Inadequate in October 2016. At the last inspection in April 2017, significant improvements had been made, but we rated the service 'Requires improvement' overall. This was because we needed to see evidence of consistent good practice and that the improvements made could be sustained over time. At this inspection, we found the improvements had been sustained and the service was 'Good' overall.

Improvements were needed to ensure medicines were managed safely. Medicine stock levels were not always accurate. This meant we could not be certain people had taken their prescribed medicines. Protocols were not always in place to support staff on when to administer medicines prescribed to be taken only when needed. We made a recommendation about managing medicines. Although the registered manager responded to our concerns and acted to make improvements, the improvements need to be embedded and sustained to evidence medicines are managed safely.

At the time of our inspection work was in progress to replace ceilings, to improve fire safety, and to redecorate and update the home environment. This work caused some disruption, with contractors in the building and areas of the service closed for renovation, but the work had been managed in a sensitive way. Appropriate risk assessments and management plans were in place and the provider and registered manager had taken proactive steps to minimise the disruption and ensure people's needs continued to be met.

People who used the service told us they felt safe. Staff were safely recruited and enough staff were deployed to meet people's needs. Staff completed training to help them identify and respond to safeguarding concerns. Risk assessments helped staff to provide safe support to meet people's needs.

The environment was clean and well-maintained. Maintenance checks ensured the home and equipment used were safe.

Staff completed training and received regular supervision and an annual appraisal of their performance to support them to provide effective care. The registered manager used competency checks to make sure staff were providing effective care and following best practice guidance.

We received generally positive feedback about the food and staff provided effective care to ensure people ate and drank enough.

Staff supported people to make decisions. People's rights were protected in line with the Mental Capacity Act 2005 and best practice guidance. Applications had been made when necessary to deprive people of their liberty.

Staff worked closely with healthcare professionals. They sought advice and guidance when needed to help people maintain people's health and wellbeing.

Work was ongoing to develop a more dementia friendly environment. The provider had ordered additional signage to help people find their way around the home.

People told us staff were caring, kind and friendly. The registered manager investigated and responded to feedback, issues or concerns regarding the care and support provided to ensure people's needs were met in a caring and dignified way. People told us staff maintained their privacy and dignity.

People's care plans included person-centred information about their needs and how those needs should be met. Staff listened to people and were responsive to their needs.

The registered manager ensured regular activities were on offer. There were systems in place to gather feedback about the service and to respond to complaints.

We received generally positive feedback about Sowerby House and the new registered manager. People told us they were 'hands on', approachable and had continued to improve the organisation and management of the service.

The registered manager encouraged people to give feedback and acted to improve the service. They completed regular audits to continually monitor the quality and safety of the service. A 'development plan' showed an ongoing commitment to continually 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?

Requires Improvement 

The service was not always safe.

Improvements were needed to ensure medicines were managed safely.

The provider followed safe recruitment practices and enough staff were deployed to safely meet people's needs.

People told us they felt safe living at Sowerby House.

Risk assessments guided staff on how to support people in a safe way.

The environment was clean and staff followed best practice guidance to minimise the risk of spreading infections.

Is the service effective?

Good 

The service was effective.

Staff completed training and received regular supervision and an annual appraisal of their performance.

People gave positive feedback about the food provided at Sowerby House. Staff supported people to ensure they ate and drank enough.

Staff sought people's consent before providing care and support. The registered manager had submitted appropriate application to deprive people of their liberty.

Renovation work was underway to develop a more dementia friendly environment.

Is the service caring?

Good 

The service was caring.

People who used the service told us staff were happy, caring and wanted to make sure they felt well looked after.

Staff supported people to maintain their privacy and dignity.

Staff helped people to make decisions. They offered people choices, listened to them and respected their decisions.

Is the service responsive?

Good ●

The service was responsive.

Care plans and risk assessments provided guidance for staff on how to meet people's individual needs.

Staff supported people to take part in a range of activities and provided meaningful stimulation.

There was a system in place to manage and respond to any complaints about the service.

Is the service well-led?

Good ●

The service was well-led.

We received generally positive feedback about the management of the service.

The registered manager and provider completed audits to continually monitor and improve the service.

The registered manager used surveys, meetings and newsletter to share information and encourage people to provide feedback.

Sowerby House

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. The inspection was planned to check whether the provider was 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 30 May and 8 June 2018 and was unannounced. It was carried out by one inspector and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service. The expert by experience who supported this inspection specialised in older people's care. They spoke with people who used the service and visitors to understand their views on the service. They also observed interactions including the care and support provided in communal areas, with activities and at mealtimes.

Before the inspection we reviewed information we held about the service. This included notifications which providers send us about certain changes, events or incidents which affect their service or the people who use it. We contacted the local authority adult safeguarding and quality monitoring team as well as Healthwatch, the consumer champion for health and social care, to ask for their feedback. We used this information to plan our inspection.

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.

During the inspection, we spoke with 11 people who used the service, four visitors who were their relatives or friends and four health and social care professionals. We spoke with the registered manager, regional manager and 10 staff including senior care workers, care workers, the administrator, domestic staff, the maintenance person and chef.

We had a tour of the service which included, with people's permission, their bedrooms. We reviewed four people's care plans, risk assessments and medication administration records. We also looked at four staff recruitment, induction and training files, meeting minutes, maintenance records, audits and a selection of

other records relating to the running of the service.

Is the service safe?

Our findings

Improvements were needed to make sure medicines were managed safely. The provider had a policy and procedure to govern how medicines were stored and administered. Staff completed training and the registered manager had documented competency checks to ensure they followed best practice guidance when administering people's medicines.

Medicines were securely stored at a safe temperature. Staff documented any support they provided on Medication Administration Records (MARs), but stock levels had not been accurately recorded. We found examples where there was more medicine in stock than there should be. Because stock levels were not clear, we could not be certain if this was a counting error or people had missed doses of prescribed medicines.

Audits completed in previous months and a recent pharmacy audit had not identified any concerns, which showed us this was a new problem. In response to our concerns the registered manager contacted people's doctor for further advice and guidance and alerted the local authority safeguarding team. They arranged for additional training and competency checks to be completed and implemented a new system to record and monitor the amount of medicine in stock.

Protocols were not always available to guide staff on when to administer medicines prescribed to be taken only when needed. It is important staff are provided with information about when to administer these medicines to ensure they are given safely and appropriately. The registered manager acknowledged our concerns and acted to make sure appropriate protocols were put in place.

We recommended the registered manager review National Institute for Health and Care Excellence guidance on managing medicines in care homes.

Whilst the registered manager responded positively to our concerns about how medicines were managed, the changes and improvements need to be embedded and sustained to evidence medicines are managed safely.

People who used the service told us they felt safe. Comments included, "It is very nice here", "They always pop in to check you are okay" and "The staff appear to be trained to manage care safely and I feel confident when they are helping me."

Another person told us they felt safe because staff were available to help them and minimise the risk of falling. They explained, "I fell when I lived on my own and ended up in hospital. Here if I fall, and I haven't yet, I will be looked after and cherished until I am fit and well again." A relative said, "I have no concerns whatsoever regarding safety in any area."

Staff had assessed people's needs and developed care plans and risk assessments to highlight the risks to people's safety. These provided guidance on how to manage and minimise risks to keep people safe.

Staff showed a good understanding of people's needs and the risks involved with supporting them. They used safe moving and handling techniques to minimise the risk of injuring people when supporting them to move around the service. When people became anxious or distressed, staff provided safe support to minimise the risk and promote people's safety. For example, one person became anxious and distressed. Staff gently supported the person away from the situation and to a quiet area. They provided patient, kind and calming reassurance to professionally manage and minimise any risks to the person or others.

The provider had a safeguarding policy and procedure. Staff completed safeguarding training and showed a good understanding of their responsibility to identify and report safeguarding concerns. The registered manager had submitted appropriate safeguarding referrals when necessary. They worked with the local authority to ensure safeguarding issues were investigated, and acted appropriately in response to concerns to keep people safe.

Staff kept detailed records of any accident or incident that occurred, what had happened and how they had responded including whether any injuries occurred or medical attention was needed. The registered manager monitored accidents and incidents to identify and respond to any patterns or trends. This helped to keep people safe.

The provider safely recruited staff. They made sure new staff completed an application form, had an interview and provided references from their previous employer. Disclosure and Barring Service (DBS) checks had been completed before new staff started work. These help employers make safer recruitment decisions by providing information about people who may be barred from working with vulnerable people.

We received generally positive feedback about staffing levels. People who used the service told us there were plenty of staff around and their call bells were answered quickly. They said, "I think staffing levels are quite good, certainly better than it was" and "I think there are plenty of staff and this means I can have a chat and ask questions and there is some quality time during the day for me." A visiting professional said, "Whenever I have needed a member of staff they have been there."

Staff provided mixed feedback. Comments included, "Staffing levels are really good" and "At the weekend there is not always a lot of staff."

The provider used a 'dependency tool' to help work out safe staffing levels. They told us minimum staffing levels were four care staff on duty during the day and three care staff on duty at night. On the first day of our inspection there was the registered manager, deputy manager and four care workers on duty. There was also an administrator, maintenance person, chef, kitchen assistant and a domestic on duty.

Rotas showed staffing levels were maintained at or above the target minimum staffing levels. The registered manager told us they had not used agency staff since January 2017, with annual leave and sickness absence covered by existing members of the team.

Staff were visible in communal areas and supported people in a patient way. Some people needed assistance from two members of staff and staff were available when needed to provide this support. Staff responded quickly to people's call bells or requests for assistance. This showed us sufficient staff were deployed to meet people's needs.

Maintenance and regular service checks ensured the safety of the home environment and any equipment used. The provider had completed a fire risk assessment and work was ongoing to replace ceilings to minimise risk in the event of a fire. Regular checks ensured the fire systems, extinguishers, fire doors and

emergency lighting were in safe working order. The registered manager ensured the fire alarm was regularly tested and fire drills had been completed to make sure staff knew how to respond in an emergency.

Personal Emergency Evacuation Plans (PEEPs) provided information about the support people would need to evacuate the building in an emergency. The provider's business continuity plan showed action had been taken to make sure people's needs would be met in an emergency, such as a fire, flood or loss of utilities.

The provider had a risk assessment for the home environment. We spoke with them about ensuring this explored whether safety glass might be needed for single paned windows above the ground floor. They agreed to address this issue.

The home environment looked and smelt clean. Staff wore gloves and aprons when needed to minimise the risk of spreading germs and infections. The registered manager completed infection control audits to monitor and address any issues relating to cleanliness or infection control practices.

Is the service effective?

Our findings

People who used the service were complimentary about staff and said care was delivered in a caring and professional way. Many of the staff had worked at the service for a number of years and people told us they had confidence in them and their skills.

Staff completed a range of online 'e-learning', classroom based and practical training courses. Staff gave positive feedback about the training. They told us there was an emphasis on training, which that made them feel valued and well trained. Comments included, "I have had to attend loads of training" and "There is a lot of training, which is good." A person who used the service said, "I have been sitting here and watched the new carer doing training on their laptop it is nice that they can do it and keep an eye on us as well."

New staff had an induction period where they shadowed more experienced staff to develop their knowledge, confidence and practical caring skills. They told us additional advice, guidance and training courses were available if they asked. The registered manager used competency assessments to observe and make sure staff provided support in line with guidance on best practice, for example with moving and handling and medicine management.

Staff received regular supervision and an annual appraisal of their performance. Supervisions included one to one meetings and group supervisions. They provided an opportunity for the registered manager to review staff's performance and support their continued professional development. For example, the registered manager had completed supervisions with all staff in relation to dignity and respect to improve practice in this area. This included exploring how to provide care and support in a dignified and respectful way and a knowledge test to ensure they had understood the principles and expectations on them.

People gave generally positive feedback about the chef, menu and food provided. Comments included, "It's good. I can't grumble", "I struggle to enjoy my food, but the chef is lovely and they will get me anything I ask for even if it is not on the menu" and "The food varies, but if it is something you don't particularly enjoy there is an alternative." A relative said, "The food is really good and there is a variety - I was asked if I would like to have dinner and I really enjoyed all of it."

The chef catered for people's individual needs, for example, they provided enriched diets and pureed foods when necessary. Staff prompted and encouraged people to eat and drink regularly. They used food and fluid charts to monitor people's intake and regularly weighed people to identify those at risk of malnutrition.

We spoke with the registered manager about how picture menus could be used to help people who may have a cognitive impairment or be living with dementia to choose their meals. They agreed to explore this.

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 MCA 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found staff asked people's permission before providing support to make sure they agreed. They offered choices and supported people to make decisions. People's care plans showed staff had explored issues around consent and people's mental capacity to make informed decisions.

The registered manager had made applications when necessary to deprive people of their liberty. This ensured people's rights were protected.

At the time of our inspection, communal areas and corridors were being redecorated. The provider explained the timescale in which the work would be completed and the changes they were making to develop a more dementia friendly environment. They spoke with us about the contrasting colours they had chosen as part of the redecoration scheme to help people find rooms and see handrails. They explained that they had also ordered additional 'dementia friendly' signage to help people independently find their way around the service.

Staff supported people to maintain their health and wellbeing and access healthcare service when necessary. For example, accident and incident records showed staff sought timely medical attention when a person had fallen, to make sure they were not more seriously injured. People's care plans and risk assessments included information about any ongoing medical conditions they had and provided guidance for staff on how to support them to meet those needs. They included information from nationally recognised sources about specific medical conditions, such as diabetes and Alzheimer's, and how these might affect people.

Healthcare professionals said staff and the registered manager were proactive at sharing information. They told us appropriate referrals were made in a timely way. Commenting, "They are very good at giving thorough information." Records included information about visits from healthcare professionals, the outcome and any recommendations they made about how the person's needs should be met. These showed staff regularly liaised with people's doctors, district nurses, community mental health team, chiropody, opticians and dentists to ensure people's needs were met.

Is the service caring?

Our findings

People who used the service told us staff were happy, caring and always wanted to make sure they felt well looked after. A person who used the service said, "Staff are quite nice." A relative commented, "The care has only ever been excellent." A healthcare professional said, "We have been impressed by some of the carers." They explained how staff had been very kind and attentive in the way they supported people, which showed they had a lovely relationship with them.

People who used the service told us about the happy atmosphere at Sowerby House. They said staff took the time to sit and talk with them and to provide one to one support. Feedback included, "The staff are jolly" and "I love a chat with [member of staff's name]. They will often pop in for a good yarn and even the manager will come along and see me for a catch-up – that is so nice when they are busy."

Staff acknowledged people and made eye contact with them as they moved about the service. They used people's preferred names and spoke with them in a respectful way. Staff spent time chatting with people and their visitors. They hugged and reassured people if they were anxious or upset. One person wanted to join in the activities, but was anxious about going by themselves. Staff took their hand and kindly supported them to join in sitting with them throughout the activity so they did not feel alone. This showed a genuinely kind and caring approach to supporting people.

There was friendly conversations and people shared laughter and jokes with staff. Staff asked how people were and talked with them about their plans for the day. People appeared relaxed and at ease in staff's company.

People appeared clean and well cared for. Professionals who visited the service told us people always looked clean and were smartly dressed when they visited.

We asked people who used the service if staff supported them to maintain their privacy and dignity. Feedback included, "They are very good. I am supported to have regular baths." They told us staff respected their privacy and personal space. For example, by knocking on their bedroom door before entering their rooms. A person who used the service commented, "They always knock on my door nobody just walks in."

The registered manager investigated and responded to any feedback, issues or concerns regarding the care and support provided to ensure people's needs were met in a caring and dignified way.

Staff explained how they supported people to maintain their independence and ensured they were covered up when helping with personal care. This helped to maintain people's dignity and privacy. People who used the service told us staff respected any preference they had to be supported by a male or female member of staff with personal care.

We observed examples where staff were quick to recognise and respond to people's personal care needs to promote and maintain their dignity. They supported people to their bedrooms or bathrooms when

necessary and made sure doors were shut when helping with personal care. This maintained people's privacy and dignity.

Staff asked people what they wanted to do, where they wanted to go and how they wanted to spend their time. For example, they encouraged people to move to the lounge area to join in activities, but respected people's decisions if they did not want to participate or would rather watch. People told us staff listened to them, offered them choices and respected their decisions. This showed us people had choice and control over daily routines.

Is the service responsive?

Our findings

Staff listened to people and responded to their needs. Our conversations and observations showed staff knew people well. They understood people's individual needs and supported people accordingly. For example, staff used appropriate equipment and mobility aids when necessary, provided specialised diets when people had swallowing difficulties and supported people to reposition if needed to maintain their skin integrity. A professional told us, "Staff seem to have a good understanding of people's needs."

Each person who used the service had care plans and risk assessments. These contained person-centred information about the support they needed and guidance for staff on how this support should be provided taking into account any individual personal preferences. This showed us people had been involved in planning the care and support they received.

People's care plans included information about any wishes or preferences they had for the care and support at the end of their life. These records showed people who used the service and important people in their lives had been involved in the discussions. A relative told us, "I know [name] will not improve and there is a 'DNR' [do not attempt cardiopulmonary resuscitation] in their file. It has been witnessed and processed and it was discussed before the condition deteriorated."

Staff kept daily records of what people had eaten and drunk, how they had spent their time and the support provided with personal care. This enabled staff to monitor and ensure people's needs were met. Repositioning charts helped staff monitor and make sure people were supported to regularly change their position to prevent damaging their skin. Staff held 'handover meetings' to share information from one shift to the next to make sure they were aware and could respond to changes in people's needs.

Staff encouraged and supported people to keep in touch with relatives and friends and to maintain relationships with people who were important to them. There were no restrictions placed on when people could visit the service. We observed staff welcoming people's families and friends. A person who used the service told us, "I like the fact that I can have visitors at lunchtime and they can join me at the table and have a dessert or drink so it is sociable for me."

People's care plans included information about their hobbies and interests as well as any activities they enjoyed. People who used the service told us they enjoyed the range of activities on offer at Sowerby House. The provider employed an activities coordinator to plan and lead on activities and we received overwhelmingly positive feedback about them and the support they provided. A person who used the service said, "We have lots happening here and it is great to be able to choose what we get involved in and we also put forward suggestions too."

At the time of our inspection the activities coordinator was not at work and some people raised concerns about the level of activities provided whilst they were away. The registered manager explained a member of staff had been allocated to cover for the activities coordinator until their return. During our inspection, musicians came to the service to entertain people and we observed people enjoying their visit. People read

the daily paper, did puzzles and word games, watched television and listened to music. Staff led a number of activity sessions including a quiz and playing bingo and people were observed enjoying these activities and interacting with each other and staff. Other activities on offer included floor exercises, pamper sessions and a monthly Church service. Staff were in the process of organising a 'summer gala' for people who used the service, families and local residents to enjoy. The provider had developed a 'cinema room' for people who used the service to enjoy.

The majority of people who used the service and relatives we spoke with told us management and staff were approachable and they felt comfortable raising any issues or concerns or making a complaint if necessary. The provider had a complaints policy and details about how to make a complaint had been displayed in an accessible format in the entrance to the service. This ensured people had the information they would need to make a complaint. The registered manager also had a 'suggestion box' where people could leave anonymous feedback about how the service could improve.

The registered manager kept a record of complaints received, how these were investigated and the outcome and response provided. These records showed they took appropriate action in response to concerns to improve the service where necessary. This showed us they listened and learned from people's feedback about the service.

Is the service well-led?

Our findings

The service had a registered manager. They had been the registered manager since March 2018, but had worked as the deputy manager before taking this role. The registered manager was supported by a deputy manager and senior care workers in the management of the service. A regional manager provided additional support to the registered manager and monitored the overall quality of the service.

We received generally positive feedback about Sowerby House and the management of the service. People told us they enjoyed living there and were excited about the renovations and improvements being made. A person who used the service commented, "The manager is always around so the place is a lot more settled now."

Staff provided generally positive feedback about the continued improvements made since the new manager had taken over. They said, "It is a great place to work I really enjoy it", "[Registered manager's name] is on the ball. They sit in on handovers and like to know what is going on. They are very proactive" and "It's a lot better. I do think [registered manager's name] is a good manager. They are approachable and if you mention anything it gets sorted. They are 'on it' they know what's going on and are hands on."

A professional told us, "We are much happier with the home. They seem to know the people better and people seem happier. [Registered manager's name] takes responsibility as a manager and is there if you need anything."

Staff told us the registered manager was approachable and 'hands on'. We observed they were actively involved in managing and coordinating the care and support provided and were a visible presence in the home.

Records were organised and easily accessible. The registered manager had a clear system to record, gather and analyse information about the service provided and regarding people's needs. For example, overview records and documents supported the registered manager to monitor and identify when supervisions and appraisals were due, monitor people's weights and identify patterns or trends in any of the accidents or incidents that occurred. This supported the effective running of the service.

The registered manager completed audits to continually monitor the quality and safety of the service. This included audits of care plans and risk assessments, the home environment, infection prevention and control, medicine management, health and safety and wound care. Where issues were identified action was taken to address these and improve practices. The regional manager completed audits on behalf of the provider to provide external scrutiny and monitor and support improvements at the service. This showed a positive approach to ensuring the quality and safety of the service.

The registered manager and regional manager shared a 'development plan' they had implemented. This gave an overview of the changes and improvements they had identified and were either in progress or had been completed to improve the service. This covered all areas of the service and the care and support

provided and had been continually updated as improvements were completed. This showed an ongoing commitment to continual improvement. It evidenced the registered manager and provider were proactively identifying issues and concerns and acting to develop the service.

The registered manager used staff meetings to share information, discuss roles and responsibilities and encourage and support good practice. Recent meeting minutes showed staff had discussed the hot weather and the registered manager reinforced the importance of prompting people to drink regularly to minimise the risk of dehydration.

'Residents and relatives' meetings were used to share information about the ongoing renovation work, provide information about upcoming activities and events and to encourage people to give feedback and raise any issues or concerns. This showed us the registered manager was keen to seek feedback and to listen and learn about how the service could be improved. These meetings had also been used to share feedback and the action taken following a survey asking people what they thought about the home.

The registered manager had introduced a newsletter to share information about upcoming activities and important events at Sowerby House. This included information about the library delivery service, the monthly church service, the upcoming 'summer fete' and information about the 'suggestion box' in reception encouraging feedback about the service, activities and the food provided. It also included a section where people shared reminiscences about their childhood and a poem.