Care Quality Commission

Alchemy Care (Greensleeves) LLP

# Greensleeves Care Home

## Inspection report

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## Ratings

| Overall rating for this service | Good |
|---|---|

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|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

The inspection took place on 29 November 2018 and was unannounced. Greensleeves 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.

The house is situated in a residential area of Crawley and accommodation is provided over two floors. Currently accommodation was only available to women, the provider told us they would consider whether they could meet the needs of any men who wanted to live there. There were 34 people living at the home on the day of the inspection. Many of the people living at the home were living with dementia.

The provider of the home was also the registered manager. 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.

Following the last inspection on 12 September 2017 we identified two breaches of the regulations. We asked the provider to complete an action plan to show what they would do, and by when, to improve the key questions is the service safe? and is the service well-led? to at least Good. At this inspection on 29 November 2018, we found that staff had followed the action plan and the overall rating for the service had improved to Good.

People were receiving their prescribed medicines safely. The storage, administration and disposal of medicines was managed effectively. Risks to people had been identified, assessed and managed. Care plans were comprehensive and provided clear guidance which was being followed by staff to keep people safe. Staff understood their responsibilities for safeguarding people from abuse.

There were enough staff with suitable skills and experience to care for people safely. The home was clean and staff protected people by the prevention and control of infection. Monitoring of incidents and accidents ensured that lessons were learned and improvements were made when things went wrong.  One person told us they felt safe at the home because "There's always someone (staff) around."

Staff received the training and support they needed to care for people. They understood their responsibilities to gain people's consent for care and treatment. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were receiving the support they needed to have enough to eat and drink. People told us they enjoyed the food at Greensleeves Care Home. Staff ensured that people had access to the health care services they needed and staff described positive working relationships with the local GP.

People were supported by staff who knew them well. Staff were kind and caring and respected people's dignity and privacy. A person told us, "All the staff are very kind. I like them all."

People were supported to be involved in decisions about their care and support. Staff were effective in supporting people with their communication needs. A relative told us, "I have been involved in the care plan and they do listen to what I say."

People were receiving a personalised service. Staff understood the needs, preferences and wishes of people they were caring for. Staff were responsive when people's needs changed and reviewed risk assessments and care plans regularly. People had enough to do and told us they enjoyed the activities on offer. People and their relatives said the registered manager was responsive to complaints and feedback.

Management systems and processes were robust and improvements had been made to meet the breaches of regulation that were identified at the last inspection on 12 September 2017. The registered manager provided clear leadership and staff spoke highly of the management of the home. Staff understood their roles and responsibilities and described positive working relationships and good communication both internally and with external agencies. We received feedback from a health care professional about improvements at the care home. They described positive engagement with the registered manager and staff at the home.

## 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 have their medicines safely.

There were enough suitable staff to care for people. People were safeguarded from abuse.

Risks to people were assessed and managed. Incidents were monitored and improvements made when things went wrong.

### Is the service effective?

Good

The service was effective.

Assessment were holistic and identified people's needs and choices. Staff were supported and received the training they needed.

People were supported to have enough to eat and drink and to access health care services when they needed to.

Staff understood their responsibilities to seek consent from people.

### Is the service caring?

Good

The service was caring.

Staff knew people well and treated them with kindness.

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

Staff supported people's privacy and dignity.

### Is the service responsive?

Good

The service was responsive.

People received person-centred care that was responsive to their needs.

People were supported at the end of life.

Complaints were recorded and actions were taken to address people's concerns.

**Is the service well-led?** **Good**

The service was well-led.

Systems and processes provided effective oversight and governance and ensured continuous learning and improvements.

There was visible leadership. People, relatives and staff were included in developments at the home.

Staff worked in partnership to achieve positive outcomes for people.

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# Greensleeves 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.

This inspection took place on 29 November 2018 and was unannounced. The inspection team consisted of three inspectors 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.' Their area of expertise related to older people who were living with dementia.

This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

Before the inspection we reviewed information, we held about the service including previous inspection reports, any notifications, (a notification is information about important events which the service is required to send to us by law) and any complaints that we had received. The provider had submitted a Provider Information Return (PIR) before the inspection. A PIR asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. This enabled us to ensure that we were addressing any potential areas of concern at the inspection.

We 'pathway tracked' three of the people living at the home. This is when we looked at people's care documentation in depth and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care. We also looked at care records for two other people. We spoke with seven people who lived at the home and seven relatives or friends. We spoke with four members of care staff, the business manager and the registered manager. We also spoke with other staff on duty during the inspection. We looked at a range of documents including policies and procedures, care records for eight people and other documents such as safeguarding, incident and accident records, medicine records and quality assurance information. We reviewed staff

information including recruitment, supervision and training information as well as team meeting minutes and we looked at the provider's management systems.

Following the inspection, we received feedback from a health care professional who had provided support and advice to the registered manager about falls prevention and risk management.

The last inspection on 12 September 2017 we identified two breaches of the regulations.

Good

# Is the service safe?

## Our findings

At the last inspection on 12 September 2017 some areas of practice were not consistently safe. There was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people's medicines were not being administered, stored and disposed of safely. At this inspection on 29 November 2018 the provider had made improvements to comply with the legal requirements and the breach of regulations had been met.

People were receiving their prescribed medicines safely. Staff were trained and assessed as competent before they were able to administer medicines. Records were completed consistently. There were safe systems in place for the management, storage and disposal of medicines. Some people had been prescribed medicines to be given PRN (as required). There were clear protocols in place to guide staff in when and how to administer these medicines. For example, one person needed pain relief and was able to tell staff when they were in pain. The PRN protocol gave clear guidance in the dose of medication required, how long it should take to work and what to do in the event that the person was not getting relief from their pain. Some people were not able to verbally express their need for PRN medicines. PRN protocols included clear guidance for staff in observations to make and considerations that would help them to identify that the person needed their PRN medicines.

We observed staff administering medicines to people in a personalised way. Care plans included guidance for staff in how people needed and preferred to receive their medicines. Staff were knowledgeable about people's individual needs and preferences and staff practice closely followed the description in people's care plans.

At the last inspection on 12 September 2017, there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to assess and document risks to people. At this inspection on 29 November 2018 the provider had made improvements to comply with the legal requirements and the breach of regulations had been met.

Risks were assessed and there were clear plans in place to guide staff in how to manage risks to people. For example, people's risk of falling was assessed when they were admitted to the home. Some people were at risk of falling and their risk assessments included a colour coding system to highlight the level of risk. One person was assessed as being at high risk of falling. A mobility care plan provided clear guidance for staff about the assistance that the person needed. We observed staff helping the person to mobilise in the way described within their care plan.

A health care professional gave positive feedback about how the registered manager had been proactive with staff in identifying where improvements could be made to support people at risk of falls. They described how staff were monitoring some people's blood pressure. This enabled staff to identify people who were at risk of falling due to a change in their blood pressure when they changed position, such as moving from sitting to standing.

A risk assessment identified that a person was at high risk of developing pressure sores. Appropriate pressure relieving equipment was in place. Staff completed regular checks to ensure the equipment settings remained appropriate so that it was effective. A skin integrity care plan guided staff in how to support the person with their posture when in bed to reduce risks of pressure sores. Records showed that staff were following the care plan and supporting the person to reposition themselves regularly.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Some people were living with dementia and potential risks had been identified and managed. For example, new window restrictors had been fitted onto upstairs windows to prevent people from falling out. Regular checks on equipment and the fire detection system were undertaken to ensure they remained safe. People's ability to evacuate the building in the event of a fire had been considered and each person had an individual personal emergency evacuation plan (PEEP). Infection prevention and control procedures were in place and we observed staff were using appropriate personal protective equipment (PPE) when supporting people with personal care. We noted that all areas of the home were clean and tidy. Systems were in place to ensure that all areas of the home were cleaned regularly with daily and weekly schedules. The registered manager said that training was planned for an infection control champion who would take the lead in ensuring that infection control measures were maintained and understood by all staff.

An electronic system was in place to monitor incidents and accidents. The registered manager described how they used this system to make improvements. For example, one person had fallen on three occasions, analysis showed a pattern of falls when moving from sitting to standing. Further investigation indicated a drop in the person's blood pressure was likely to be the cause of the falls. The GP was informed to review their medication. Other people were identified to be having falls when trying to mobilise independently and sensor mats were introduced so that staff were alerted when the person stood up and could respond before the person fell. Another person was noted to have fallen as a result of losing their balance when sitting on a dining room chair. The registered manager said that chairs with arms were purchased to keep this person safe.

People told us they felt safe living at Greensleeves Care Home. One person told us that they felt safe because they were able to keep their bedroom door locked if they wanted too. Another person said, "There's always someone (staff) around." Our observations confirmed that there were enough staff on duty. People did not have to wait longer then they should have to, for their care needs to be met. Staff were seen responding to people's call bells and supporting people with their care needs. A relative told us their relation needed support to mobilise saying, "She always walks with a frame and is escorted by staff." They went on to say, "There's plenty of staff in the daytime. There's always someone available." Records of staff rotas confirmed that staffing levels were consistently maintained. A staff member told us, "There are always enough staff, if absence can't be covered, the management will help out. The new rota has been a real step forward as we are providing more staff when people need us most."

Recruitment checks were completed to ensure staff were safe to support people. These included checks having been undertaken with the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

Staff demonstrated a clear understanding of their responsibilities for safeguarding people from abuse. They were able to describe signs that might indicate abuse and knew how to raise concerns. One staff member said they had confidence that senior staff and management would respond appropriately to any concerns. Records confirmed that safeguarding alerts had been made to the local authority appropriately in line with local arrangements.

Good

# Is the service effective?

## Our findings

At the last inspection on 12 September 2017 staff understanding of seeking consent from people was not fully understood and embedded within practice. At this inspection improvements had been made.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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 or authorisations to deprive a person of their liberty were being met.

Staff had received training in MCA and DoLS and demonstrated a clear understanding of their responsibilities with regard to seeking consent from people. One staff member said, "We recognise in care plans if people vary in their ability to make choices or decisions and use the best interest approach where necessary." Where people were unable to make decisions for themselves staff had considered the person's capacity under the Mental Capacity Act 2005, and had taken appropriate action to arrange meetings to make a decision within their best interests. Staff told us that they sought the least restrictive options for people. For example, instead of using bed rails a sensor mat was in place. The staff member said that this alerted staff to support the person safely and in the least restrictive way.

Referrals had been made for Deprivation of Liberty Safeguards (DoLS) and staff understood the relevance of this. For example, one staff member explained that a person had been expressing a desire to go home. The staff member told us, "The person lacks capacity to consent to being here, but it is in her best interests to stay because she needs the help. We are waiting for a DoLS assessment to be completed." Another person's care record included details of a meeting that was held with their relation who had the legal authority to make decisions on their behalf. Where aspects of care had been changed, it had been agreed that this was in the person's best interests and the decision was clearly documented. Throughout the inspection we heard staff checking with people before providing care and offering choices whenever possible.

People's needs had been assessed in a holistic way to take account of people's physical and mental health and their social needs. Appropriate assessments were undertaken to identify how to achieve effective outcomes for people. For example, tools were used to provide evidence based assessments of people's needs, including for assessing risks of malnutrition, skin integrity, mobility and pain. Care plans identified outcomes that people wished to achieve and provided guidance for staff in how to support people effectively. For example, an assessment identified a person was at high risk of developing pressure wounds. Their care plan provided clear guidance in how to support the person with repositioning, checking pressure areas and applying prescribed creams to maintain their skin integrity.

Staff were using electronic pads to access care records for people. This enabled them to have access to upto date, accurate information about people when they needed it. One staff member said, "It took me a long time to get used to the electronic system but I like it now. It provides all the information we need and is easy to use and to update." We noted that staff were using the electronic pads throughout the inspection to check and update information. Staff had electronic pagers which were activated by people's call bells. One staff member told us, "We can respond quickly if people need us. It is less intrusive for other people here then hearing bells ringing all the time." One staff member was a shift leader. They explained that they were able to check that staff had responded to call bell alerts on their pager, they said, "I can see that a staff member has responded so I can be sure people's needs are being met."

People were supported to have enough to eat and drink. People told us they enjoyed the food on offer. One person said, "I'm well fed. They know I don't like milk. I can always eat the food, it's very nice." People's nutritional and hydration needs were assessed and risks were identified and managed. The chef told us they were provided with information about people's nutritional needs and preferences. They were able to show us information and guidance provided by a Speech and Language Therapist (SALT). Some people were identified as being at risk of choking and SALT guidance was included within their care plans. For example, one person needed a modified diet with pureed food and thickened fluids. This was clearly detailed in their care plan together with information about the utensils that the person needed. Staff were knowledgeable about the people they were caring for and we saw them providing support as detailed within people's care plans. One relative told us, "They give my relation her favourite food to try and prompt her to eat." Another relative said, "The staff weigh her regularly and prompt her with food and drinks." We observed staff supporting and reminding people to have drinks throughout the day.

People were supported to access the health care services they needed. One person told us, "They call the doctor in if needed." A relative told us, "Staff arranged a visit to the GP surgery and a staff member went with her." Another relative told us that their relation saw the GP if they needed to, they explained, "The GP comes here regularly and she sees them if needs be. We are always notified if she is not feeling well." We observed that a staff member was contacting a district nurse for someone during the inspection. Records showed that people had received visits from the chiropodist, optician, SALT, and a Community Psychiatric Nurse (CPN).

The staff spoke positively of the support they received and records confirmed that staff received regular supervision. Supervision is a mechanism for supporting and managing workers. It can be formal or informal but usually involves a meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss practice issues. One staff member told us, "I have formal supervision with the team leader, which is always supportive and meaningful."

Staff had access to training and records showed that this was relevant to the needs of the people they were supporting. One staff member described the impact training had saying, "We had training from the Alzheimer's Society which was very helpful, I feel I understand more about what people experience but also how it's individual to everyone." The registered manager said that staff used supervision sessions to reflect on their practice. They explained that this enabled staff to demonstrate that they had understood training and knew how to apply the learning within their role.

Staff described effective communication systems at the home. One staff member told us that when people's needs changed this was discussed during handover meetings. A communication book was in place for staff comments and ideas. A similar book had been introduced for people and their relatives to provide feedback and make suggestions for any improvements that they identified. A health care professional described effective communication at the home, including when people's needs changed. They said, "The registered manager has been proactive they requested medication reviews by the CCG pharmacist." This had led to

suggestions about reducing some medications for people who had been falling regularly.

The registered manager told us that a programme of refurbishment was in progress and people's rooms were being decorated as part of this process. We noted that different colours were used for individual rooms and there was effective lighting in corridors and rooms to support people's sensory needs. People told us they were able to access the garden and liked to go out there during the summer months. The environment was comfortable and suitable for the needs of the people living at the home.

Good

# Is the service caring?

## Our findings

People said that staff were caring. One person told us, "All the staff are very kind. I like them all." A relative said that they had chosen Greensleeves Care Home for their relation because staff had a, "Caring, family attitude." A staff member told us, "It's a very homely environment that people can relate to and we aim to maintain a friendly atmosphere all the time." We observed staff interacting with people in a positive way throughout the inspection.

Staff treated people with respect, compassion and maintained their dignity. One person was living with dementia and was showing signs of being disorientated. A staff member noticed this quickly and offered quiet reassurance in a calming voice, the person responding well to this approach. Staff were attentive and supported people to maintain their appearance and protect their dignity. One person had difficulty in getting food to their mouth successfully and a staff member discreetly supported the person to protect their dignity. We saw staff knocking on people's doors and waiting for a response before entering their rooms. Staff were explaining to people what was about to happen and giving them clear instructions, for example when they were supported to move.

People were being cared for by staff who knew them well. We observed that people appeared relaxed and happy in the company of staff, some were laughing and joking with staff members and there was a happy atmosphere. Staff described how people were included in making decisions by offering them choices whenever possible. One staff member said, "We respect people's choices, for example if someone wants to stay up late and not go to bed, that's fine." People told us that they appreciated staff efforts to help them feel included. One person described how staff made special occasions saying, "We usually have a cake and they make a fuss of people on their birthday." We noted that staff had purchased flowers, cards and balloons for two people who had recent birthdays and that a cake was also planned. One staff member said, "It helps to make people feel special." A relative told us that they had been able to use a small lounge area at the home for a family celebration.

People, and where appropriate their relatives, were involved in making decisions about their care and support. One relative said, "I have been involved in the care plan and they do listen to what I say." Records showed that care plans were regularly reviewed and updated. For example, one care plan had been reviewed following a decline in the person's health. Their views and wishes were clearly recorded together with the views expressed by their relative and staff were aware of the changes that had been agreed. One staff member explained that changes to care plans were made electronically and staff would be informed immediately. They said, "We discuss changes in handover meetings and handover notes also go on the I-pads for immediate access."

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. Care records included care plans to support people with their communication needs. One care plan described the person's difficulty with verbal communication and guided staff to use visual aids to prompt the person's

understanding and support them to make choices. Another care plan included details of the person's sensory loss and the support they required. We noted that staff were positioning themselves within the person's eye line and talking clearly and slowly as described within the care plan to support them to communicate effectively.

Good

# Is the service responsive?

## Our findings

People were being supported in a person-centred way. Staff understood the needs, preferences and wishes of people they were caring for. Care plans were focussed on the individual needs and wishes of people. Descriptive sentences were used to help make it clear to staff members how people wished to be supported. For example, care plans routinely included sentences starting with, 'I would like…; I am able to …; I am unable….Care plans placed a clear emphasis upon the individual's strengths, abilities, independence and their overall quality of life. They provided staff with guidance about what was most important to people, including their likes, dislikes, interests, and their preferred daily routines.

People and their relatives spoke highly of the activities that were offered to people. One relative told us, "I have been here when the entertainers come in…. people were very involved." One person told us that they enjoyed religious services that took place at the home. Another person said that they enjoyed the musical entertainment at the home. The provider employed a staff member to arrange activities and there was a poster on display showing planned events. The poster was colourful and in an accessible format with pictures of activities to help people understand what was planned. We observed staff encouraging people to join in with an activity. The entertainer knew people's names and involved people in the music with small instruments. People were clearly enjoying the event and remained engaged, smiling and laughing throughout.

Some people spent most or all their time in their bedrooms. Staff told us how they prevented people from becoming socially isolated. One staff member said, "When people choose to stay in their own rooms we go in routinely, and still offer choices to come into the communal rooms. We spend time with them, for example, doing puzzles or painting their nails. Keeping them company really." Another staff member described how people were involved and occupied in other ways, saying, "It's little things like laying the tables and talking with people at the same time." A health care professional told us that staff at the home were working on how to improve engagement with people living with dementia to undertake meaningful activities.

People were supported to maintain contact with the people who were important to them. Relatives said they felt welcomed at the home. A relative told us, "The staff here always support me as well, they tell me I can talk to them at anytime." One person was supported to visit her relation who was in another home. A staff member told us that relatives were encouraged to be involved in people's care if that was what they, and their relation, wanted. One staff member explained, "Some relatives like to help people with food, others join in the activities. One person responds really well when their relation does things with them." We noted that care plans identified the importance to people of their relative's roles and highlighted particular involvement with specific activities.

Some people had communication difficulties and this information was highlighted within their care records. A health care professional told us that staff were using 'This is me' forms from the Alzheimer's society as part of their hospital passport (along with a two page summary and the GP summary) to provide information if a resident is admitted to hospital. This ensured that relevant information was shared with

hospital staff.

The provider said that although there were no men living at the home they did not discriminate on the grounds of gender and would consider requests from any men who wanted to live at the home. Staff had a good understanding of people's diverse needs. One staff member said, "People are supported with their faith if that's important to them." One person attended a church service with a staff member regularly. The registered manager said that some staff had particular needs associated with their faith. Arrangements were in place to ensure staff had a quiet place to pray at specific times of the day.

The provider had a clear complaints policy and kept a record of any complaints and how they were dealt with. People and their relatives told us that they knew how to make a complaint and would feel comfortable to raise any concerns. They said that the registered manager and the business manager were responsive to any concerns they raised. One person said, "I would talk to any of the staff." A relative said, " I would go straight to the manager." Another relative named a specific member of staff and told us, "I would email them, I always get a good response. I did have an issue and they got it sorted."

Some people were receiving end of life care. Care plans identified people's needs, for example, an end of life care plan guided staff in how to provide the person with mouth care. There was clear information about involvement with the GP and instructions on how to access support from the district nurse. Anticipatory medicines had been arranged to ensure that the person would have access to the medication they needed if their condition deteriorated quickly. This ensured that staff were able to support the person to be as comfortable and pain free as possible. People's wishes and individual preferences were recorded. Staff were involved with an end of life support initiative with the local GP surgery.

Good

# Is the service well-led?

## Our findings

At the last inspection on 12 September 2017 some areas of practice were not consistently well -led. There was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because there was a lack of effective management systems and processes. At this inspection on 29 November 2018 the provider had made improvements to comply with the legal requirements and the breach of regulations had been met.

There were clear systems to support the management and governance of the home. A number of regular audits were completed. The registered manager used this information to identify shortfalls in quality. For example, an infection control audit had identified the need for an infection control champion and training was arranged for a member of staff to take on this role. The registered manager described how improvements in management processes had led to changes at the home. For example, analysis of incidents and accidents had identified a pattern of higher incidence of people falling in the morning and evening. This had led to adjustments in the deployment of staff and changes in staff rotas. One staff member told us that this had been beneficial, saying, "Things are better since the rotas changed."

Staff described positive communication and visible leadership. One staff member told us the registered manager was, "Very involved as a manager." Another staff member said, "The management are very supportive, easy to talk to and flexible." Staff demonstrated a clear understanding of their roles and responsibilities. A team leader told us about a weekly meeting with the registered manager and described the positive benefits that this achieved. They said, "We look at changes in residents' needs, support each other in overall supervision process, staffing issues, share learning from anything that's happened in the home."

People and their relatives also spoke positively about the management of the home and told us that they had regular contact with the provider. One person said, "The manager is a very nice man, he would do anything for you." A relative told us, "The manager keeps us informed about things, they are very approachable."

Staff, people and their relatives described being involved in developments at the home. One relative told us, "They have resident's meetings and relatives can attend. I know if I email them with any questions they always reply." Another relative said, "They have included us in planning, I know they are arranging more trips out for people." The provider used questionnaires to gain feedback from people, relatives and other professionals on the quality of the service. Notes from a family forum meeting at the home identified changes that had been made in response to people's comments, including plans for staff to wear name badges.

Staff described strong partnership working with the GP and other local health care professionals. A health care professional from the Integrated Response Team provided positive feedback about recent engagement with staff at the home. They told us, "The manager and staff have worked together to improve systems and processes to reduce the risk residents falling." The registered manager described a number of planned

improvements at the home, including a programme of refurbishment for people's bedrooms and building plans to develop additional communal space.