

Hampshire County Council

# Willow Court Nursing 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?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection was unannounced and took place on the 9 and 10 July 2018.

Willow Court Nursing Home is a 'care home' and is registered to accommodate up to 66 people. 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. At the time of the inspection, 63 people were accommodated at the home. Willow Court is situated in the grounds of Andover War Memorial Hospital.

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

At our last inspection on 27, 28 and 29 September 2016, we found one breach of regulations. The service did not have an effective system in place to monitor and assess the quality of the service provided, or to take action where necessary to address and rectify any shortfalls. During this inspection, we found action had been taken and improvements made.

People felt safe living at Willow Court Nursing Home and they were very much at the heart of the service. Staff enjoyed working at the home and understood the needs of people using the service and supported people in a personalised way. Staff knew people well and we saw that care was provided respectfully and sensitively, taking into account people's different needs.

Relevant recruitment checks were conducted before staff started working in the home to make sure they were of good character and had the necessary skills. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

The risks to people were minimized through risk assessments. There were plans in place for foreseeable emergencies and fire safety checks were carried out.

People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and went out of their way to provide people with what they wanted.

Staff received regular support and one to one sessions or supervision to discuss areas of development. They completed a wide range of training and felt it supported them in their job role. New staff completed an induction programme before being permitted to work unsupervised.

Staff had an understanding of the Mental Capacity Act (MCA) and were clear that people had the right to make their own choices. Staff sought consent from people before providing care and support. The ability of

people to make decisions was assessed in line with legal requirements to ensure their rights were protected and their liberty was not restricted unlawfully. People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way; policies and systems in the service support this practice.

People were cared for with kindness, compassion and sensitivity. Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

People were supported and encouraged to make choices and had access to a range of activities.

The registered manager maintained a high level of communication with people through a range of newsletters and meetings. 'Residents meetings' and surveys allowed people and their families to provide feedback which was used to improve the service. People felt listened to and a complaints procedure was in place.

There were appropriate management arrangements in place. Regular audits of the service were carried out to assess and monitor the quality of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service had improved to good.

The service followed safe recruitment practices and there were sufficient staff to meet people's needs.

People felt safe when receiving support from staff members. Staff received training in safeguarding adults and knew how to identify, prevent and report abuse.

Staff were trained and assessed as competent to support people with medicines. Risk assessments were in place and fire safety checks were carried out.

### Is the service effective?

Good ●

The service had improved to good.

People were given a choice of nutritious food and drink and received appropriate support to meet their nutritional needs.

Staff received appropriate training and one to one supervisions. People were supported to access health professionals and treatments.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service had improved to good.

People received personalised care from staff that understood and were able to meet their needs. People had access to a range of activities which they could choose to attend.

People's views were listened to. A complaints procedure was in place.

**Is the service well-led?**

The service had improved to good.

People and relatives felt the service was well run.

Staff spoke highly of the management, who were approachable and supportive.

There were systems in place to monitor the quality and safety of the service provided.

**Good** ●

# Willow Court Nursing 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 09 and 10 July 2018 and was unannounced. The inspection team consisted of two inspectors, a specialist advisor in the care of older people living with dementia 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 kind of service.

Before this inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked other information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with eight people who used the service and seven relatives. We also spoke with the registered manager, deputy manager, activities co-ordinator, two registered nurses, one assistant nurse practitioner and seven care staff. We looked at a range of records which included the care records for nine people, medicines records and recruitment records for four care workers. We looked at a range of records in relation to the management of the service.

We last inspected the home in September 2016 where we found concerns in safe, effective, responsive and well-led. The home was rated as requires improvement overall.

# Is the service safe?

## Our findings

At our previous inspection in September 2016, we identified that some people told us they sometimes had to wait to receive assistance and shortfalls had been identified in maintaining staffing levels. At this inspection we found action had been taken and staffing levels had been maintained to keep people safe.

People and their relatives told us they felt safe living at the home. One person told us, "They are good here, I am safe". Another person said, "I've got a bell, they come when I call them". A relative told us, "She's absolutely safe here. I was a bit concerned coming from a hospice to here. The move was stressful but after a day she brightened up so much". Another relative said, "It's great in here. She's safe here". Other comments included, "I feel he is very safe".

There were sufficient staff to meet people's care needs. People and their families told us there were enough staff. One relative told us, "There's enough staff, if you want someone there's always someone there". Staff rotas were planned in advance and reflected the target staffing ratio we observed during the inspection. During the inspection we saw that staff were not rushed and responded promptly and compassionately to people's requests for support. Staffing levels were determined by the number of people using the service and their needs.

Robust recruitment processes were followed which meant staff were checked for suitability before being employed in the service. Staff records included an application form and a record of their interview, two written references and a check with the Disclosure and Barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the service.

People were kept safe as staff had the knowledge and confidence to identify safeguarding concerns and acted on them. A safeguarding policy was in place and staff were required to read this and complete safeguarding training as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. The home had suitable policies in place to protect people; they followed local safeguarding processes and responded appropriately to any allegation of abuse. Information was displayed around the home informing staff and people about what to do if they had any safeguarding concerns for them or someone else.

People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. One staff member told us, "I have had all my mandatory training and I know about reporting abuse. I also know about whistleblowing and I will do this if I need to". Another staff member said, "I know my residents, and I would have no problem whistleblowing if I saw something wrong I think of them as family".

People told us they had confidence in the staff that supported them with their medicines. One person told

us, "I get my medicine on time". Care plans included specific information to direct care staff as to how people should be supported with their medicines. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. Medicine administration records (MARs) confirmed people had received their medicines as prescribed. There were appropriate arrangements in place for the recording and administering of prescribed medicines. There were also effective processes for the ordering of stock and checking stock into the home to ensure the medicines provided for people were correct. Staff supporting people to take their medicine did so in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them. One staff member told us, "I take my time when I do medication. I do not rush the resident as I need to explain what the medicine is for".

The home was holding medicines that required stricter controls called controlled drugs. A spot check of these drugs showed the medicines corresponded with the controlled drugs register which two staff had signed when medicines had been given, in line with current legislation. Homely remedies were available for people if these were required. These are medicines which can be bought over the counter at pharmacies and include medicines for pain relief, constipation and indigestion. These were signed for by the GP and guidance in place to support staff. One staff member told us, "We take medication very seriously, it is a big responsibility and I am very careful and we have support".

People had individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm. Staff showed that they understood people's risks and we saw that risk assessments were monitored and reviewed every month. These included environmental risks and any risks due to health and the support needs of the person. Risk assessments were also available for bed rails, choking, moving and handling, use of equipment, medicines, and falls. People were supported in accordance with their risk management plans. For example, people who were at risk of skin damage used special cushions and mattresses to reduce the risk. We observed equipment, such as hoists and pressure relieving devices, being used safely and in accordance with people's risk assessments.

Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Records showed staff had received fire safety training. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately. The home had a business continuity plan in case of emergencies. This covered a range of eventualities and arrangements were in place in case people had to leave the home in an emergency.

There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

The home was clean and tidy and staff demonstrated a good understanding of infection control procedures. Staff followed a daily cleaning schedule and areas of the home were visibly clean. All had received training in infection control and had ready access to personal protective equipment, such as disposable gloves and aprons. However, on the first day of our inspection we observed badly stained seating with some chairs around the home. We spoke with the registered manager who immediately disposed of the chairs and ordered new chairs which were arriving at the end of the week.



## Is the service effective?

### Our findings

At our previous inspection in September 2016, we identified that the provider did not follow food safety checks to ensure people were kept safe. At this inspection we found action had been taken and food safety checks were being followed to ensure food was safe to eat.

People received varied and nutritious meals including a choice of fresh food and drinks. One person told us, "We're well looked after and the food is good". Another person said, "The food is very good". A third person said, "Lunch was nice, always nice". A relative told us, "The other day he was served salmon and leeks and he turned it away. The nurse was so kind and concerned he didn't like it and she offered so many alternatives. In the end he chose a simple tin of soup and enjoyed it. Fruit bread is his favourite". Another relative said, "Mum enjoys the food here". Other comments included, "The food is good, she's on a soft diet and they accommodate that. Today is the best we've seen her in six months."

Staff were all aware of people's dietary needs and preferences. They said they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. We saw that there was guidance within people's care plans about the support to provide at meal times by staff, along with any associated risks. Several people who used the service had been identified as being at risk of choking and we saw that there was guidance for staff to follow about how to keep people safe while eating. For example, for one person they were on a fork mashable diet and they liked to eat in their room. They were losing weight and a dietician had been consulted with. Records showed that they were being weighed and their weight had increased. We also saw their choice to eat in their room was being respected. One staff member told us, "We talk to residents and try and see how to help them choose what they like to eat. Their choice is important. Diet is very important to diabetic care and, in fact for all our residents".

People were encouraged to drink fluids during the visit. The service had introduced hydration stations around the home. These contained fruit drinks and water available outside the main lounges on each floor. There was also fresh fruit available all day. The service had introduced an ice cream parlour which had been requested by people living at the home and families had been involved in buying the freezer and ice creams.

Staff had received training in the Mental Capacity Act 2005 (MCA). 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. Staff showed an understanding of the MCA. Before providing care, they sought verbal consent from people and gave them time to respond.

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. Relevant applications for a DoLS had been submitted by the home and had either been approved or were awaiting assessment. The home was complying with the conditions applied to the authorised DoLS. Staff were aware of the support required by people who were subject to DoLS to keep them safe, and protect their rights.

We looked at the care records of people with complex physical and mental health needs or advanced dementia. Their physical, mental health and social needs had been holistically assessed to ensure the care they received was in line with their individual needs. A pre-admission assessment had been completed for each person and contained detailed information on people's likes, dislikes and preferences. For people who were at risk of poor skin integrity, plans were in place with timely turning routines to relieve pressure areas. One staff member told us, "We take pressure sores seriously. We check at personal care and we work hard to heal them or stop them getting worse".

Technology was used in the home to effectively support the safety and welfare of people. For example, pressure mats and alarm mats were in use in the home to reduce the risk of falls for people. People had consented to the use of this equipment or it was used in the best interests of people as staff had ensured families and health care professionals had been fully involved in a best interests decision making about this. This was in line with the Mental Capacity Act 2005 to ensure the safety and welfare of the person.

People were cared for by staff who were well-motivated and told us they felt valued and supported appropriately in their role. For example, through supervisions (one to one meetings) with their line manager. Supervisions provided an opportunity to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Staff informed us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One staff member told us, "I feel supported in my role. I feel listened to".

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Training records showed staff had completed a wide range of courses relevant to their roles and responsibilities. Staff praised the range of training and told us they were supported to complete any additional training they requested. One staff member told us, "The training here is very good, I've done a lot of training in many areas, it gives you confidence to do your job well".

New staff to Willow Court Nursing Home completed an induction programme. Arrangements were in place for staff who were new to care to complete The Care Certificate. The Care Certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people.

People were supported to access healthcare services when needed. Records showed people were seen regularly by doctors, specialist nurses and chiropodists. The service used 'NEWS' National Early Warning Score in care and nursing homes to identify a physical deterioration in people and to detect early warning signs of illness. This is a nationally recognised scoring system to monitor and review acute illness in people and allow health care professionals to clearly and effectively communicate signs and symptoms of illness and enhance the management of these.

The environment had been decorated and accessorised to provide a positive and suitable environment for people who lived there. This followed the best practice guidance on providing environments which were safe, but also provided opportunities for people to explore and encouraged memories. The home was also suitable to meet the physical care needs of people, with wide corridors and doorways, and bedrooms large

enough for the use of any specialist equipment required. Individual bedrooms had been personalised to meet the preferences of the person living there. People were able to bring in items of their own including furniture to make their rooms feel homely and familiar. The building was easy to navigate and good signage was used around the home. Good lighting levels, bright colour schemes and pictures placed at appropriate heights were used to create an environment suitable for people living with dementia.

## Is the service caring?

### Our findings

One person told us, "All the staff are nice and kind, all very good". Another person said, "I like it here, I like all the staff". Other comments included, "The staff are nice to me". A relative told us, "It's great in here. The staff are lovely. They're so friendly here". Another relative said, "They know him so well, we've made friends with them". Other comments included, "They are kind and compassionate". As well as, "The staff are fantastic, right from the manager to the cleaners. I've made so many friends here. The care is brilliant, they always do the very best they can. I wasn't well for a few days but I didn't worry because I knew he would be looked after".

People's relatives told us they were always made to feel welcome. One relative member told us, "There's never ever been a problem visiting. I visit whenever I like, which amazed me when he first came in. It was arranged on the Monday, they visited Tuesday and he was in Wednesday. I'd heard a lot of positive things about it here. I just turned up unannounced and they were so warm and welcoming. They said, 'Oh hello, do come in, lovely to meet you'". Another relative said, "The majority of the family live locally, we visit regularly. We're always made to feel welcome, we get drinks, fruit, cake".

People experienced care from staff who understood the importance of respecting people's privacy and dignity, particularly when supporting them with personal care. Staff told us that information was contained in the person's care plan, including their gender preference of who they would like to provide care for them. Staff would knock on people's doors and identified themselves before entering. They ensured doors were closed and people were covered when they were delivering personal care. One staff member told us, "Two ladies will only have female staff, make sure I have a female carer to respect their wishes and make sure curtains are closed".

Staff demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. Staff showed respect for people by addressing them using their preferred name and maintaining eye contact. All the interactions we observed between people and staff were positive and friendly. Staff communication with people was warm and friendly, showing caring attitudes whether conversations were outwardly meaningful or not.

People's care records included information about their personal circumstances and how they wished to be supported. When people moved into the home, they (and their families where appropriate) were involved in assessing, planning and agreeing the care and support they received. A relative told us, "They monitor everything here, she's looked after well, fed well. It gives us peace of mind. We bought her a TV, she likes watching NCIS. I was struggling to set it up but two of the girls here did it. No complaints at all and there's no room for improvement. The staff are always available to ask anything. They work really hard".

Staff enjoyed working at the home and were passionate about the people they cared for. One staff member told us, "My motto is, the residents come first, we come last, treat them with respect, make them happy. We can go home, they can't". We saw photographs on the wall of a wedding party held at the home which involved a staff member and people living at the home. The registered manager told us the staff member got

married and then visited the home on a different day with the minister and their family to involve the residents and held a party at the home afterwards to celebrate.

Confidential information, such as care records, were kept securely and only accessed by staff authorised to view it. When staff discussed people's care and treatment they were discreet and ensured people's care and treatment could not be overheard.

## Is the service responsive?

### Our findings

At our previous inspection in September 2016, we identified that activity staff were used to fulfil other roles which could limit the amount of time available to support people with their activity needs. At this inspection we found action had been taken, activity staff were used to provide activities for people.

People received individualised care from staff who understood and met their needs. One person told us, "I feel very happy here. I feel like I'm on holiday. I love it here. The staff are lovely, I'm very happy, no complaints". A relative said, "He's very reluctant to go to any activities and they have loads; parties, entertainment". Another relative told us, "I have no complaints here, actually I couldn't be more pleased. I know when I leave he's in good hands".

People were able to choose which activities they took part in, and suggest other activities they would like to undertake. The home employed activities coordinators who were passionate about their roles and clearly enjoyed working with people. There was a range of activities provided throughout the day. During the first morning of our inspection, staff were leading a crossword game with people in a shaded area in the garden which was well attended. An activities programme was displayed around the home and activities included, quizzes, bingo, word games, pamper sessions, gentle exercise, and 1:1 activities. We also saw information displayed for people about a 'night café' offering snacks and drinks.

Activities were supervised by the deputy manager. They told us, they had visited another of the provider's services to see how they did activities. The deputy manager recognised the changing needs of people who used the service and had developed new record keeping to monitor and develop suitable activities. The deputy manager described positive outcomes for people. For example, a space with suitable lighting had been arranged for a person who enjoyed doing jigsaw puzzles. The registered manager showed us a wall of hats where they had celebrated the royal wedding and brought hats for people to wear. They held a party the day before so people could then relax and watch the wedding on the television if they wanted to. The next event was planned in August for the home to hold a summer fayre.

Care plans provided information about how people wished to receive care and support. Assessments were undertaken to identify people's individual support needs and their care plans were developed, outlining how these needs were to be met. Care plans were comprehensive and detailed, including physical health needs and people's mental health needs. For example, a care plan for one person living with dementia informed staff when communicating to use a clear and loud voice, use simple English language and short sentences, and give time to understand as due to dementia they may not always understand and can become frustrated and confused. Staff should reassure them.

Care plans were in place to provide staff with guidance on people's preferences, wishes and specific instructions, including religious, cultural and spiritual needs in the event they required end of life care. At the time of our inspection no one at the home was on end of life care. Staff we spoke with told us, that when people were at the end stages of their life, procedures were in place to ensure that people were cared for in a culturally sensitive and dignified way. Families and representatives could be involved in informing these

plans.

Resident and relative meetings were held every six weeks to ensure everyone was kept informed about what was happening in the service, and to ask for their views and suggestions. The service also sought feedback from family members through the use of a quality assurance survey questionnaire which was sent out yearly. The feedback from the latest quality assurance survey showed people and their relatives were happy with the home. Comments included, 'exceptionally friendly and helpful staff, very professional'. 'The actual environment is clean, friendly and stimulating'. As well as, 'Care is great most staff very kind and spend whatever time is necessary for each resident'.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We spoke to the registered manager about how they ensured information was accessible for all people living at the home. They told us, they collected information on good communications and shared with staff at meetings and gave us examples of how they had looked at other ways of communicating with people.

People and their relatives knew how to make comments about the service and the complaints procedure was prominently displayed. One relative told us, "If I had a problem I would first go to the nurses, I would go straight to someone and they would definitely sort it out. We've had no complaints here". Another relative said, "If I think something is wrong I go and tell them, then they come along. We've had no complaints here". The service had received no formal complaints in the last year.

## Is the service well-led?

### Our findings

At our previous inspection in September 2016, we identified that the provider did not complete quality assurances and processes in line with the providers guidance. At this inspection we found action had been taken and quality assurances and processes were completed in line with the providers guidance.

People and their relatives told us they thought the home was well run and the management were approachable and acted on their concerns. One relative told us, "That man [pointing to a management staff member who was walking past] he said to me, 'I don't wear a watch because if I'm needed, I'm here'". Another relative said, "The manager, they've always been helpful". Other comments included, "The deputy manager is fantastic. A really nice bloke".

There was an open and transparent culture in the home. The previous inspection report and rating was displayed prominently in the reception area. The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.

Staff were positive about the support they received from the registered manager and management within the home. One staff member told us, "It's like family here. I feel more confident and supported here than other places I've worked in. It's a good team to work with." Another staff member said, "It's a nice job, easy going, not too much pressure. They [managers] constantly check if staff are happy and feel well supported. The staff get on well, it is a good team. Other comments included, "Manager is really good and deputy manager really good and supportive". As well as, "[registered manager name] has an open office. Feel I have a really good relationship with them".

Staff meetings were held every other month for registered nurses and monthly for care staff. Staff meetings were used to discuss concerns about people who used the service and to share best practice. Minutes from a staff meeting held in June 2018 showed that a staff survey was being sent out soon for all staff to complete so the provider can see where they can make improvements to the service. Concerns from staff were followed up quickly. Staff were involved in the running of the home and were asked for ideas. One staff member told us, "Staff meetings quite good, manager goes as well and asks everyone if any concerns and gives us a chance to say anything".

The registered manager and deputy manager used a system of audits to monitor and assess the quality of the service provided. These included care plans, medicines, infection control, nutrition and weight loss, skin integrity and health and safety. Audits were detailed and actions were followed up to make sure complete. For example, an audit on nutrition involved checking peoples weight compared to the previous month and if they were concerned about weight loss an action may be to introduce a fortified diet. In addition to the audits, the registered manager carried out daily walks round the home. Records showed this included looking at staffing, the environment, activities, medicines, nutrition and catering and the care provided for people.

In addition to the audits, the provider's service manager and quality team visited the home to carry out



audits to make sure the service was meeting regulations, and to support the registered manager. Where issues or concerns were identified an action plan was created and managed. The latest audit in June 2018 showed all actions had been completed.

The registered manager had made links with the local community. The registered manager told us they were linked with the friends of Andover, as part of the hospital. They have helped raise funds for the home, to go towards the residents committee. The service also held various events to raise money for the residents committee fund. This is then discussed with the people living at the home through meetings on how they would like the money to be spent, for example days out.

The service had appropriate policies in place which were supplied by the provider as well as a policy on Duty of Candour to ensure staff acted in an open way when people came to harm. The home produced a quarterly resident newsletter, the spring newsletter showed the service were looking for fundraising ideas and planned upcoming events.