Barchester Healthcare Homes Limited

Crandon Springs Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Crandon Springs Care Home is a residential care home providing accommodation and personal care to up to 63 people. The service provides support to older people, younger adults and people living with dementia. At the time of our inspection there were 43 people using the service. The care home is set out across two floors, which consist of four areas, Parrett Lane, Brue Walk, Sheppey Way and Whitelake.

People's experience of using this service and what we found

People, their relatives and staff told us people were safe living at Crandon Springs Care Home. A range of health and safety checks were in place. Some areas of medicines management needed to improve. People's care plans were of a mixed quality. People's end of life wishes had been considered and the manager was working on these to further develop them. There were systems in place to monitor the standards of the service and action plans in place. Where the systems had not identified or addressed the shortfalls we found during the inspection the manager took immediate action to address these.

Risks to people were assessed and mitigated. Staffing had improved, a new manager had been appointed and had recently started working at the service. We received positive feedback regarding the new manager. There were appropriate infection control measures in place.

People's mealtime experience was positive. We received some mixed feedback regarding the food. People's healthcare needs were met and planned for. Staff received regular training; the provider had arranged for additional training for staff to meet the needs of people living with dementia. The provider and manager had plans to enhance the environment further for people living with dementia.

Staff were kind and caring and they respected people. People were supported with dignity and respect to keep their abilities and independence. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had access to a wide range of activities to keep them active, involved and stimulated. Where people preferred not to join in the activities people said they would like some one to one time with staff, we discussed this with the manager.

There were systems in place to receive feedback from people, their relatives and staff.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This was the first rating for the service since the service was registered.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Crandon Springs Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by three inspectors, a member of the medicines team and two Experts by Experiences who made phone calls to people and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Crandon Springs Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Crandon Springs Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was not a registered manager in post. There was a new manager in post who had recently

started working for the provider.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service. We sought feedback from the local authority service improvement and safeguarding teams who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 13 people who used the service and six relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager and deputy manager. We carried out observations in communal areas of the home. We requested feedback from four health and social care professionals who work with the home.

We reviewed a range of records. This included six people's care records. We checked 14 people's medicines records and associated care records. We also looked at arrangements for administering, storing and managing medicines. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- There were suitable arrangements for storing, and disposal of medicines, including those needing extra security. Temperatures were monitored to make sure medicines would be safe and effective.
- When people were prescribed medicines in the form of patches, charts were available for staff to record where these patches were applied. However, whilst these were completed, the patches were not always rotated in accordance with the manufacturer's directions. There was also no record of any monitoring that patches remained in place. We discussed this with the senior staff who took action to address it.
- When people were prescribed medicines 'when required' there were protocols in place, some of these required additional information to guide staff when doses might be needed. Staff spoken with were able to explain how these medicines were used. The daily notes also recorded the reason for administering these medicines and the outcome of the administration.
- Where medicines required cutting or crushing the devices used to do this were not always appropriately cleaned after use. Also, it was not always possible to see if medicines with a reduced expiry date after opening were still safe to use.
- Staff received training in safe handling of medicines and had competency checks to make sure they gave medicines in a safe way.
- Medicines audits took place and we saw that some of the areas needing improvement had been identified. Plans were being put in place to make improvements.

Assessing risk, safety monitoring and management

- Risks to people were assessed and mitigated. Areas covered included, mobility, falls, nutrition, skin integrity, choking and pain. Risk assessments were reviewed and updated. Staff understood the risks and knew people well.
- People had individual emergency evacuation plans in place (PEEPs). We found one of these had not been updated to reflect a person's current needs. We discussed this with staff who confirmed they would amend the document.
- The service environment and equipment were maintained. Records were kept of health and safety and environmental checks; we found some checks had not been consistently completed.
- The fire alarms and other emergency aids were regularly tested and serviced. We identified one document that had not been updated to reflect the current occupancy of the service, this was updated during our inspection.

Staffing and recruitment

- There were enough staff available to meet people's needs. A majority of people told us that staffing had

improved. One person told us, "I think they struggle with staff on occasions, they rally round to cover it, it doesn't impinge on my care. The manager mucks in and helps. The staff are very consistent." Another person commented, "I think staffing has improved. They have been short of staff; it hasn't affected me at all." One person told us, "No there isn't enough staff."

● We received some mixed feedback from relatives about staffing. One relative told us, "Sometimes there are plenty of staff, but this varies." Another relative said, "At times staffing resources are under pressure. They are doing their very best." A third relative commented, "The big issue is not having enough staff."

● Staff told us staffing had improved. One staff member told us, "We definitely didn't have enough staff, this was reviewed and now we do have enough. It's working really well, and we have the correct staff working on each shift." Another staff member told us, "Staffing levels now are good. It's the best it has been for a while. More settled now."

● Staffing was based on the providers dependency tool which was regularly reviewed. We reviewed the staffing rota's and shifts were covered. People's call bells were answered promptly throughout our inspection.

● The service operated safe recruitment processes to check staff's suitability for the role. This included completing a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

● People and their relatives told us they were safe living at Crandon Springs Care Home. One person told us, "Yes, absolutely safe. The security on coming in and the staff attention is good. They always ask, how are you?" Another person commented, "I do feel safe, yes. They are very attentive and friendly."

● There were systems in place to protect people from abuse. Staff received safeguarding training.

● Staff were aware of the safeguarding systems and they told us they would report any concerns through the appropriate channels. One staff member told us, "I would report it to my manager or higher if it involved them. I know I could go to the local authority; I am aware of the whistleblowing policy but have never had to use it, I would if I had to of course. We are given a laminated card on induction with safeguarding and whistleblowing numbers which is good."

● The service had reported safeguarding concerns to the local authority and CQC as required.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was supporting people living at the service to minimise the spread of infection.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was responding effectively to risks and signs of infection.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

The provider was facilitating visiting in line with government guidance.

Learning lessons when things go wrong

● Accidents and incidents were reported and recorded. These were reviewed to observe any patterns or

trends and to ensure actions taken had been effective. The providers clinical lead had oversight of all accidents and incidents. Appropriate action was taken to prevent incidents reoccurring such as contacting relevant health professionals for support.

- Staff told us they were made aware of any accidents or incidents via handovers.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● People's needs were assessed prior to them moving into the home to ensure people's needs could be met by the service. One person told us, "The initial interview was very investigative and thorough."

● People's care plans were based on their assessed needs and preferences. People's outcomes were identified during the care planning process; guidance for staff on how to meet these were recorded in the plans. Staff followed guidance in relation to people's identified health needs. During our conversations with staff it was evident they understood people's needs.

Staff support: induction, training, skills and experience

● We received some mixed feedback from people and relatives relating to staff training and experience, most of the comments we received were positive. One person told us, "I think they are trained ok." Other comments from people included, "The carers can do anything, very good, well trained I think" and "They don't seem fully trained but it's hard to say." Comments from relatives included, "I do think that they have the training but some of the carers don't have the skills to relate to older people", "There are not enough experienced staff" and "On the whole, staff seem well-trained. I think Barchester have done a great job."

● Staff received an induction when they started working for the service. The induction was aligned to The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

● Staff told us their training was good. One staff member told us, "Training has been really good." Staff received training relevant to their role. Subjects covered included a range of mandatory topics. The provider was arranging for additional training to support staff who were in senior roles as well as additional 'champion' roles such as palliative care.

● The manager had also arranged for some additional training relating to supporting people living with dementia. The training was planned around the needs of the people living at the home. Staff told us they thought this training would be beneficial.

● Staff received one to one supervision to receive feedback and discuss any concerns. Some staff commented they had not received supervision in a while, the manager was addressing this.

Supporting people to eat and drink enough to maintain a balanced diet

● People had enough to eat and drink. We received some mixed feedback from people relating to the meals provided. Comments from people included, "The food is adequate in volume, always a choice but it varies in quality", "The quantities of food are adequate, You get a cooked meal twice a day, you get a choice of two things, I do like the food", "I don't think much of the food here. The new manager is in no doubt about our

feelings", "Food is really nice" and "The food is very good; you get a choice on everything. If it doesn't suit you, they will do something else." The manager was aware of the mixed feedback and was taking action to address this.

● People's likes and dislikes were recorded in their care plans. These were discussed with people when they moved into the home.

● Our observations of the mealtime experience was positive. Staff were attentive and offered support where required. Where people had specific consistency diets and cutlery, these were being provided. People were offered a choice of two meals and staff showed people these to enable them to choose. Tables were nicely laid, and people were offered an alcoholic drink with their meal. Throughout the inspection we observed people had access to drinks in their rooms.

● Meetings were held with the kitchen staff to discuss people's dietary needs, any changes and action required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● People were supported to receive health care services when they needed them. Referrals were made from the home to a variety of professionals, such as doctors and nurses. People and their relatives told us they arranged appointments such as dentist and opticians. The manager confirmed support was given with this if required.

● The deputy manager said they worked well with professionals and had sought their input when needed. The provider had a clinical development nurse who was accessible to the home for advice.

Adapting service, design, decoration to meet people's needs

● The home was purpose built and laid out over two floors; each floor had two 'wings'. The upstairs floor had a 'memory lane' where people living with dementia resided. The design and décor in the home was bright, spacious and airy. Seating was located at the end of each corridor, which could present as a long walk for people moving around the home. We discussed the seating with the regional director who told us they would look at placing additional seating at a shorter distance along the corridors.

● There was signage outside of rooms to indicate what they were, for example, the dining room and lounge. The toilet doors were a different colour and some people had pictures relevant to them on their bedroom doors to support people to navigate to these areas.

● The provider and manager had plans to enhance the environment for people living with dementia, such as themed areas and reminiscing resources.

● The home was well equipped with a café area in reception, an activities room, hairdressing salon, spa bathrooms, cinema and large gardens.

● People were encouraged to personalise their bedrooms with their own items.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● Where people had the capacity to make their own decisions this was fully supported, and people told us they were not restricted in any way. One person told us, "I'm free to do as I like." Another person commented, "I'm not restricted, I can do what I want."

● Where people lacked the capacity to make specific decisions capacity assessments and best interest meetings had been completed with input from the person and other relevant people. The assessments included details of how information was presented to people and their responses.

● Areas covered included, the use of sensor mats, use of photos and bed rails. The manager was in the process of reviewing and updating the assessments and best interest decisions.

● DoLS applications were completed and submitted to the local authority if required. Two DoLS had been authorised, some were pending approval from the local authority.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated well and the staff team were kind and caring. Comments from people included; "I think the staff are wonderful, I couldn't fault them", "The staff are lovely", "They are very kind and caring", "The staff are brilliant and very friendly" and "They are very caring."
- Relatives also commented positively about the staff team. One relative told us, "Without any hesitation, the carers are kind." Other comments from relatives included, "The staff are always polite and caring" and "All of the carers I have met are kind and caring."
- People were supported to observe their faith if they chose to and the home had linked with a local church who provided a service every month for those who wanted to attend.
- The home had received compliments about the care it provides. Compliments included, "We were always really assured with the care [Name of person] was receiving and thank you to your whole team for looking after them so well, we will be forever grateful" and "It was wonderful to see them so settled in such wonderful, friendly surroundings, the staff were very kind and upbeat."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their care. Staff supported people to discuss this via 'resident of the day' meetings where people's views were discussed and recorded.
- Staff told us they supported people to make decisions on a day to day basis, where required.
- People had formal meetings to discuss and review their care and support every six months.
- People's care plans were based on their preferences and wishes. For example, one person had chosen not to have staff checks at night, this was discussed with the person and their care plan had been amended to reflect their preference.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with respect. Comments from people included, "Staff are very respectful" and "Always respectful."
- People's privacy was also respected. One person told us, "They knock and come in and ask if you want anything done." Other comments from people included, "They knock usually and ask consent. They are not intrusive in any way" and "They always knock first and ask if it's okay to come in."
- We observed staff giving people privacy and promoting their dignity. Staff knocked on people's doors before entering and asked consent before supporting them.
- Staff described how they respected people's privacy and dignity. Staff also described how they supported people to be as independent as they could be. For example, verbally prompting people and offering

encouragement. One person told us, "If you can do things, they let you do them."

● Relatives were happy with how staff treated their loved ones. One relative told us, "The staff are polite. Even if something has not gone quite right (with the care) they will listen. They don't get defensive. Generally, things are done with empathy and kindness. They respect individual's as their own person."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People had care plans detailing their care and support needs. The quality of the care plans were mixed. Whilst some areas of care plans were person centred, other areas were lacking information, some information was missing, and information was not always up to date. For example, one person's care plan referred to them living with dementia and there was a lack of information on how this impacted on the person and their day. The persons care plan referred to a typical day as them 'exploring the environment' without any additional information. Another person's needs had recently changed in relation to their mobility, the care plan had not been updated to reflect this.
- Other areas of the care plans included more detailed and person centred information such as how many pillows and what bedding people preferred.
- People's end of life care and support was planned for. The manager was arranging for additional information to be obtained from people and their relatives to further develop people's end of life plans.
- Where people had advanced care plan documents in place, we found some areas of these had not been completed. There were plans in place to address this. People confirmed they had recently received forms to be completed regarding their end of life wishes.
- We saw positive comments relating to how people's end of life care was given by staff. One comment read, "I just wanted to take the opportunity to thank you and your lovely staff for looking after [Name of person] over what has turned out to be the last few months of their life, I am so glad that they were in such a caring environment. You and your staff are a real credit to the care profession and Barchester homes."
- People and their relatives were invited to six month reviews of their care plans. One person told us, "They have discussed my care plan, it's every couple of months."
- We discussed people's needs and preferences with staff and they knew people well.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication care plans, which gave staff details about their communication needs.
- One person told us they were struggling to read due to an eye condition. We discussed this with the manager who told us they would arrange for larger print information to be available.
- Staff knew people well and supported people in ways they preferred and met their communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People who chose to engage in the activities told us they were happy with the activities. One person told us, "There are lots of activities, I go to some of them." Other comments from people included, "There's lots of activities it helps the day along", "They try hard with the activities, they offer a lot" and "I have a weekly list of activities, I enjoy them."

● There were a range of activities on offer to meet the needs of people living with dementia. During our inspection we observed people were engaged and enjoying these.

● Two people however told us they felt isolated in their rooms and they would benefit from someone to one interaction. We discussed this with the manager who told us they would look into this.

● Relatives also commented positively about the activities. One relative told us, "[Name of person] loves dancing and they'll always take my relative to the main lounge if there is any dancing going on. [Name of activities coordinator] organised a lovely 70th wedding anniversary party for my relatives recently. They do make an effort." Other comments from relatives included, "There are plenty of things to do like cards and there is always a jigsaw on the go. They grow things in the garden, there is music on a Thursday. The sitting room is often packed. The residents seem to love it" and "There are loads of activities."

● There was a schedule of activities available, the activities coordinator was arranging a harvest festival and people had been involved in gardening and growing vegetables.

Improving care quality in response to complaints or concerns

● People and their relatives told us they knew how to make a complaint and they felt able to approach the manager. One person told us, "No complaints about the home. If I did I'd go to the office." Other comments from people included, "I've complained about the food to the manager, they are investigating it" and "I haven't complained, I'd speak to [Name of manager] or reception."

● The provider had a complaints policy and procedure in place. Where complaints had been raised these were investigated and responded to in line with the providers policy. The manager and provider had an overview of all complaints.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were systems in place to monitor the standards of the service. We found whilst the systems were effective in identifying some of the issues we found, these had not always been actioned by staff. The manager responded immediately to these issues during the inspection.
- The service was supported by a Senior General Manager within the region, along with another local General Manager. Barchester's Regional Director was also visiting the home regularly to monitor and quality check.
- The provider had a range of quality assurance checks in place, areas covered included; unannounced management visits and daily walk arounds checking on the quality of the service. There were also a range of other audits including, housekeeping, infection control, incidents and accidents, clinical oversight and nutrition. The providers audit identified areas for improvement and there were actions in place to address these.
- Following our inspection, the manager sent us a comprehensive plan of all the actions they were planning to undertake to improve the service.
- There was a clear management structure in place. Roles and responsibilities had been defined. The current manager had been in post for two days. The manager told us they were completing an induction with the providers senior team and this had been supportive. Comments received from staff, people and relatives about the manager and provider were positive.
- Statutory notifications were submitted as required. Statutory notifications are important because they inform us about notifiable events and help us to monitor the services we regulate.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received some mixed feedback from staff about the culture of the team. Some staff felt there were a few concerns around how the team got on. The manager was in the process of meeting with staff and enabling them to discuss any concerns.
- Other staff commented on how morale was good, and everyone worked well as a team. One staff member told us, "Morale is always good, it's a happy place, I've never had a bad day, we are a friendly team."
- People and their relatives commented positively about the staff team. One person told us, "The atmosphere here is quite good and well run, I've got no complaints." One relative told us, "The staff seem to get along, there is respect and professionalism." Another relative commented, "Everyone has been friendly and helpful."

● Staff told us they focused on ensuring people were happy, well supported and led a meaningful life. One staff member told us, "We want to give people the best quality of life, keeping their independence, making sure everyone is engaged and happy."
● People knew who the manager was and thought the home was well managed. One person told us, "I think it's well managed, everyone is working hard." Another person commented, "The manager is new, they are very involved and friendly.''
● Relatives knew there was a new manager in post and some of them said they had met them. One relative told us, "I met the new manager yesterday. My relative seems to like them and that's a good sign."
● Staff commented positively about the manager and deputy manager. One staff member told us, "[Name of manager] wants to be involved, I feel able to approach them with any problems, they are straight on to it." Another staff member commented, "[Name of deputy manager] is amazing."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The provider was aware of their responsibility to act openly and honestly when things went wrong.
● The manager was aware where concerns had been identified, appropriate notifications should be sent to the CQC as required by law, and to the local authority.
● Staff knew they had to report concerns to the manager and were confident that these would be acted upon.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and their relatives were given the opportunity to provide feedback on the service via a six monthly survey. In response to the feedback from the latest questionnaire the provider had created a "You said- We did" poster. This detailed the action the provider had taken such as changing the time of exercise classes and updating laundry arrangements.
● People and their relatives confirmed residents' meetings were held. One person told us, "We do have residents' meetings every couple of months. I make suggestions, they act on some of them. There are minutes as well."
● We received some comments from relatives relating to communication systems and how these could be improved. We discussed these with the manager and provider who said they would look into this.
● Staff meetings were held for staff to discuss any concerns and share information. These included daily meetings with each department in the home. One staff member told us, "We have team meetings, we have had a small one with [Name of manager], we are completely able to speak up and are listened to, residents have meetings too." There were other meetings held with departments within the home such as kitchen staff and clinical governance meetings.
● Some staff felt the communication and handover systems could be improved. This was an area the manager had focused on and they were attending the handovers.

Continuous learning and improving care; Working in partnership with others
● The manager told us they kept themselves up to date with current practice via online subscriptions to a variety of resources. They also had access to the providers online intranet which they said provided a range of "Excellent information." The manager was currently going through their induction and the providers mandatory training plan, which they commented positively about.
● Staff told us learning from incidents was discussed and shared amongst the team.
● The service worked in partnership with other organisations to support care provision. For example, a range of professionals.