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Glencairn House Retirement Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 3 and 6 June and was unannounced.

Glencairn House is a residential care home in the centre of Dorchester which provides support for up to 23 people. They had one vacancy at the time of our inspection. The home is a large Victorian building which has been fully extended and refurbished by the current owners. Rooms are split over two floors and there is a central communal lounge and dining area. All rooms have a call bell system and en-suite. The first floor bedrooms can be accessed by a lift. People are able to access communal areas at the rear of the home and the home is located opposite a large park.

The service had a 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.

People were supported safely by staff who understood the risks people faced and how to manage these, staff were also to explain how they would identify signs of possible abuse and report these and had received relevant safeguarding training.

There were enough staff to support people, but staff also managed several other tasks within the service. The registered manager assisted on the floor at busy times and the people we spoke with felt that there were enough staff to support them. People did not have to wait for assistance and although staff were busy, they were able to meet the needs of the people they were supporting.

People were supported to receive their medicines safely and they were stored appropriately. There were regular audits of medicines and these picked up and addressed any gaps or errors.

People were supported by staff who knew their liked and dislikes. There was a relaxed atmosphere and people were comfortable with staff with whom they had a good rapport. Staff were given regular support by the registered manager on an ad hoc basis and received regular supervision and relevant training to support people effectively.

People generally liked the food available at the service and people's dietary needs were met. Some people required assistance to eat and staff took their meals promptly and supported them with this.

Staff knew about the personal histories of people and records included social profiles with details about people's histories. Records also promoted people to be as independent as possible and were reviewed regularly with involvement of family members.

Staff understood and supported people to make choices about their care. People's legal rights were

protected because staff knew about and used appropriate legislation.

Information was not always stored confidentially at the home. People's records were in a secure cabinet, but this was not locked during our inspection and confidential information could therefore be accessed by people.

People had mixed views about the activities available at the service. At the time of inspection, the service had a vacancy for a second activity co-ordinator. This meant that there were times when there were limited activities available to people. The registered manager and director were aware and had plans in place to address this.

The service was well led and people and visitors told us that communication with management was good. Both the registered manager and director were easily accessible and spent time on the floor with people living at the home.

People were able to feedback about the service in regular residents meetings and also using questionnnaires. Issues raised were discussed both at residents and also staff meetings so that everyone was aware and actions were then planned and taken in response.

Quality assurance audits at the service were frequent and robust. The registered manager and director both took responsibility for various audits within the service and met regularly to look at audit findings.

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 protected from the risks of abuse because staff knew how to recognise and report concerns and were confident to do so.

Individual risk assessments were completed to ensure that people were looked after safely and staff understood their role in managing those risks.

People were supported to receive their medicines safely.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable about the people they were supporting and received relevant training for their role.

The service was working within the principles of MCA and people had comprehensive individual assessments which were decision specific.

People generally liked the food and any specific dietary requirements were met.

People were supported to access health care services when needed and referrals were made promptly by staff.

Is the service caring?

Good

The service was caring

Staff knew the histories of people they were supporting and people and visitors felt that they were kind in their approach.

People were supported to make decisions, however staff sometimes assumed what people wanted because they knew them well.

Staff supported people in ways which maintained their privacy and dignity.

Peoples information was not always stored securely. The registered manager and director told us that they would ensure this was rectified.

Is the service responsive?

Requires Improvement

The service was not consistently responsive

People were supported by staff who knew their preferences and records were individual and person centred.

People had mixed views about the activities and more consideration was needed about how to provide meaningful one to one time for people.

People and relatives were able to feedback about the support they received and issues were actioned.

Is the service well-led?

Good

The service was well led.

People were able to speak with the manager and director easily and felt they were approachable. .

Staff were confident in their roles and open communication was encouraged and evident.

Staff and management communicated well and staff understood their role in the service.

Quality assurance audits were regular and robust. Information was evaluated and actions planned and completed.

Glencairn House Retirement 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.

The inspection took place on 3 and 6 June 2016 and was unannounced. The inspection was carried out by an inspector and an Expert by Experience on the first day, and a single inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, we requested and received a Provider Information Return (PIR) from the service. This is a form that asks the provider to give some key information about the service, what the service does and improvements they plan to make. We reviewed this information and in addition looked at notifications which the service had sent us. We also spoke with the local authority quality improvement team to obtain their views about the service.

During the inspection we spoke with nine people using the service, four relatives and two health professionals who had knowledge about the service. We also spoke with six members of staff, the registered manager and one of the directors. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked around the service and observed care practices throughout the inspection. We looked at the care records of four people and reviewed records relating to how the service was run. We also looked at four staff files including recruitment and training records. Other records we looked at included Medicine Administration Records (MAR), accident and incident information, emergency evacuation plans and quality assurance audits.

Good

Is the service safe?

Our findings

The service was safe. People and relatives told us that they felt safe with the support they received at the home. One person told us they felt "perfectly safe". A relative explained "I feel they are safe here and well looked after". Another relative told us that their relative "loved this place and had been really happy here". Another commented "they do everything I wish for".

We observed staff supporting people safely and responding to call bells promptly. For example we saw staff checking the call bell display at the nurses station and attending to the person quickly. The registered manager told us that they had recently had a new call bell system installed and they planned to audit response times using this.

A health professional told us that there were "enough staff, very attentive and always greet you". One person told us that "staffing is okay if they are all here, but there is often someone missing". We observed that staff undertook a variety of roles including laundry and assisting the chef in the kitchen at mealtimes, both during meals and also assisting in the kitchen after meals. This took staff away from their main care role. We observed visitors having to ring the bell twice when they arrived as there were no staff free to answer the door to them. The registered manager was not scheduled to work on the first day we inspected and was therefore was an extra member of staff from the rostered number planned. The chef finished their shift mid-afternoon, staff therefore needed to cover the tea time and supper as well as provide support to people. We observed that they were able to manage all the tasks required.

The director spoke with us about staffing levels and showed us the dependency tool they used to determine this. They told us that they met with the registered manager monthly to audit staffing. The registered manager explained that they assisted staff at lunch and supper time and were observed on the floor frequently and also completing the medicines round on the second day. One staff member told us that there were "generally enough staff to support people". A health professional also said "I think they are well staffed and they know the patients". Although staff had a number of different roles, there were enough staff to keep people safe at the service.

People and visitors told us that they knew the staff who supported them. A relative told us that they "know the carers and absolutely love most of them". Another told us that "staff are fairly consistent, they don't seem to change that much which is a good sign". Another said that "staff are lovely, they approach and treat them nicely". Another commented that "there is a good staff mix and they all seem to have the skills they need, there are never any smells and its always very clean with fresh flowers in the lounge and other places".

Recruitment records we looked at showed that appropriate pre-employment reference and identity checks had been completed prior to new staff starting. We also saw evidence that checks with the Disclosure and Barring Service(DBS) had been completed. The registered manager told us that they did not have any vacancies currently, but had recently recruited another chef and activities co-ordinator to replace previous staff. These new staff were not all in place at the time of inspection but start dates were imminent.

Staff were able to explain how they would identify signs of possible abuse and report these. One told us that they would look for "unknown bruises and be observant, following up any concerns". Another explained what signs they would look for and that they would report any concerns immediately. Staff had received training in safeguarding and the safeguarding policy included external contact numbers for the local safeguarding team.

Staff understood the risks affecting people and their role in reducing these risks. One health professional told us the service had "very good carers, they notice issues". One member of staff told us about a person who was at a high risk of falls and the equipment that they had put into place to reduce this risk. Another explained that for one person who was having more frequent falls, they had referred for an Occupational Therapist to visit and recommend equipment to reduce the risks. We observed the registered manager speaking with one person who was moving around the lounge themselves using their wheelchair. The registered manager asked them if they could "just pop your gloves on as you're going to hurt your hands". The person agreed and the registered manager supported them to put their gel gloves on to reduce the risk of injury to their hands.

Risk assessments for people were individual and included details about how to manage the risks and signs/symptoms to look for if a person became unwell. For example, one person had a risk assessment related to their breathing difficulties. The record gave details about the reasons for the breathlessness, involvement of health professionals, observations for staff to complete with the person and what actions to take if the symptoms worsened.

Staff told us that people had appropriate equipment to support them and we saw that it was serviced regularly. A health professional told us that the home had purchased appropriate equipment to support someone who was being supported in bed. A member of staff also told us that they had requested some new equipment and the director was "prompt to get this and they are now on each floor" of the home. Another member of staff told us that they had sufficient equipment to support people.

Fire evacuation procedures were easily accessible and included an action plan for both day and night for staff to follow. Evacuation plans included contacts for other local homes and emergency contact numbers. The director completed weekly checks of the fire alarm and also other emergency equipment including fire doors, extinguishers and emergency lighting.

Staff knew about the whistleblowing policy and told us that they would be confident to use this. One told us that they "would be confident to use the policy" and told us where the policy was kept. Another told us that they had seen the policy and would report if they needed to. The policy gave details for staff about how to whistle-blow and encouraged staff to discuss concerns internally wherever possible.

Medicines were stored safely and given as prescribed. We saw that senior staff including the registered manager had received appropriate training to administer medicines. The Medication administration records(MAR) were accurate and correlated with the medicines in peoples blister packs. We observed that where medication was 'as required'(PRN), staff appropriately asked people whether they wanted the medication. For example, one person was prescribed two medicines PRN, the senior carer asked whether the person wanted these meds and accurately recorded their response in the MAR. Another staff member told us how they supported people with creams, people had their creams in their rooms and an accompanying body map to advise staff where each cream was required to be used and how frequently.

Medication audits were completed by the registered manager monthly. The audits covered MAR and picked up any recording or practice inaccuracies or gaps. They also completed an audit of medication storage

which checked temperatures, any loose tablets and that medicines were in date. The service had a pharmacy inspection which had highlighted actions for the service, we saw had been completed. Medicines were stored securely and at the correct temperature. The service had a separate fridge for storage of medicines and this was also secure. The temperature of the first floor medicines storage was at the upper limit of safe storage. The registered manager was already aware of this advised that they had discussed actions with the director to ensure that storage was within safe limits when the hotter summer weather arrived.

Good

Is the service effective?

Our findings

The service was effective. Staff were knowledgeable about the people they were supporting and received relevant training for their role. Supervision was regular and face to face with the registered manager. One staff member told us that they discussed any concerns in supervision and asked for any additional training they needed. Another staff member said that they had regular supervisions with the registered manager who checked if there were okay and whether there were any issues to discuss. Supervision records were regular and included observations of staff.

Staff received planned inductions which were in line with the Care Certificate . This is an identified set of standards that health and social care workers adhere to in their daily working life. One staff member told us that they had been shown around and had got to know the people before supporting them. They also said that they had shadowed other staff and received manual handling training before being allowed to support people to move using any equipment. They said that they had started by working alongside another more senior member of staff. Induction records showed that staff completed a variety of training as part of their inductions. These included safeguarding, manual handling, infection control and communication. Staff were also observed in the 15 standards set out in the Care Certificate and signed off when these were completed. The standards included management of clinical waste, fluid and nutrition and privacy and dignity.

Staff received regular training in a range of different areas including manual handling, emergency first aid and mental capacity. Training was delivered by a mixture of face to face training from external providers and in house workbooks. The director showed us how they scheduled in refresher training and workbooks ,these were sent out regularly to staff. The director explained that they had set up an incentive scheme for refresher training and that this had been effective in ensuring that staff were keeping up to date with refresher courses and were completing these in a timely manner. The workbooks were sent away and marked by an external company. The registered manager told us that staff had asked about diabetes training and they had spoken with a district nurse who was going to speak with staff about this. Staff confirmed they received regular training and refreshers, one told us that they felt that the workbooks could be more in depth in some areas of learning. The service was signed up to the Social Care Commitment which is the adult social care sector's promise to provide people who need care and support with high quality services. It is made up of seven 'I will' statements, with associated tasks. The registered manager told us that they had started to incorporate this into supervision and were focussing on employees making their own statement and tasks associated with this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

We checked whether the service was working within the principles of the MCA. People's records had

comprehensive individual assessments which were decision specific. For example, one person had an assessment related to their prescribed medication, it gave detailed explanations about the persons capacity and indicated that the persons family and GP had been involved in the best interests decision. One staff member explained how they sought consent from one person and said that they "don't always know or understand so we re-approach". Another member of staff explained that a person was no longer able to verbally communicate and explained the visual cues they looked for to gain consent. Another member of staff told us "I always ask before I do anything and make sure they know exactly what I'm doing". We saw that the service had made applications for DoLS where appropriate. For example, one person had a MCA and best interests decision around whether they could leave the home safely without support. The family had been involved in the best interests decision and following this, an application for DoLS had been made to the local authority.

Staff told us that they communicated well and a health professional said that they had seen "good interactions, empathetic and kind". A staff member said that staff were "a really good team, communicate well and generally work well together". Another staff member said that they all got on and worked well together. Staff told us that they had handovers twice daily and used a communication and handover book also to ensure everyone was up to date with any changes to people or their support.

People generally liked the food available at the service. One person told us that the food at lunchtime was "mostly ok, but quite often the vegetables are not very hot". They also told us that the "evening meals were quite hard….although there were choices, the presentation can leave a lot to be desired". They also said that they understood that a new chef was starting imminently. The chef told us that there were always two hot choices at lunchtime and a salad alternative, they also said that they was "a choice of other things like an omelette if people want to wait for a few minutes". They told us that the other staff would manage the tea time meal, and that any food which needed cooking would be prepared in advance by the kitchen. A relative told us that the "food seems fine" and explained how the service had provided supplements when their relative needed this previously.

Staff were aware of people's dietary needs and were able to tell us about people who required a diabetic diet. We also observed that one person was using adapted cutlery and a different plate which meant that they were able to eat their meal independently. Some people required assistance to eat and staff took their meals promptly and supported them with this. We observed people in the main dining area during a lunchtime and saw that approximately half of people had chosen to eat in the communal area. People had a choice of drinks with their meals and there were condiments available. One person requested a sauce which staff promptly got for them. Some people were chatting together, there was no music and it was a very quiet mealtime. We observed that once people had their meals, staff popped in and visually checked on people, but did not say anything or engage in conversation. This meant that staff were not using the opportunity to engage and speak with people. One person asked the staff to pass on their compliments to the chef for a lovely meal, which they did.

The activities co-ordinator took the menu's round to people for the following day so they could choose what they wanted. They said that in general, people were happy with the choices and if they didn't want what was on the menu, they asked them what alternative they wanted and then spoke with the kitchen about this. . We also observed that meal choices were offered to people the day before. This meant that people were not able to easily change their minds on the day and for some people with memory issues, they may not have retained what their choices were from the previous day.

People, visitors and staff told us that information about people was passed to health professionals quickly when needed. A relative told us "every time they have needed a GP, they have rung and let me know".

Another relative told us that following a fall, they were "quite happy with the way things were handled" and the home had called the paramedic quickly. A health professional told us that the service were "prompt to refer to the GP surgery and appropriate". Another health professional said that staff made "appropriate referrals in a timely way". We observed a member of staff knelt down with a person, they placed their hand over theirs as they were upset and tried to find out what was wrong, they also checked whether they felt unwell and wanted a doctor. Records showed that for another person, a district nurse had visited to take blood, staff had chased up the results promptly with the GP surgery. On another person's record, a swab had been taken by a district nurse and prescribed anti-biotics had been started on the same day.

Good

Is the service caring?

Our findings

People and visitors told us that the service was caring. One person said "they look after us very well, the staff are very caring and they look after our things very well too". Another person said "this is a very special place, it is my home and I enjoy being here". We observed staff supporting people in a kind manner. For example, one member of staff supported a person to stand up and leave the dining room. They passed them their stick and were encouraging and respectful. We also observed a person who was expressing concern about whether one of their friends in the home was feeling okay, the member of staff said "do you want me to go and ask her…?" which provided reassurance for the person.

Visitors also felt that staff were kind. One health professional described staff as "kind and empathetic" and another health professional said that staff were "very patient and accommodating". A relative said that they thought staff were caring because their relative was "always clean and changed and well looked after". Staff knew about the personal histories of people and records included social profiles with details about people's histories.

Staff understood and supported people to make choices about their care. For example, one member of staff explained how they offered simple choices to one person to enable them to make decisions about their support. They explained that if choices were simplified, the person was able to make their own decisions. Another member of staff told us that they showed a person a few options to enable them to make a choice independently. One person told us about when they got up in the morning and said "There is a choice within reason". We observed staff providing people with mid- morning drinks, they clearly knew peoples choices well, but did not offer options for people. This meant that people were not given the opportunity to make a change.

Relatives told us that the home kept them updated and communicated effectively regarding the care of their relative. One told us "the choices are good here, and the home has responded well to the changes in dependency, and they will always call if they(their relative) has a bad day". Another relative explained "there are good communications between the home and families and if there is a problem they will get in touch with us as soon as possible."

We observed that people were generally treated with dignity and respect. A relative told us "the carers always treat residents with dignity and respect and I have never found anyone being rude to anyone at all". One member of staff told us about one person and how they were working to try to support them with their increasing care needs. They told us they were "very aware of keeping them covered and as private as possible". Another staff member explained that they would always "ask if its ok, and check they are comfortable and not cold". A record explained that staff should be discreet when monitoring whether a person was managing to wash independently, prompt and offer assistance where appropriate. Another record identified that a person was very private and independent and not likely to ask staff for help. Staff were to be observant and offer where appropriate. We observed that staff knocked before entering people's rooms.

Visitors were encouraged to come whenever they wished and we saw a number of relatives visit during our inspection. One relative explained that the home were "happy for us to visit whenever we want" and they also brought their dogs which they told us people enjoyed. A person told us "visitors can come at any time, it's never a problem, they are always welcome". Another relative said "I can come at any time, its open visiting and they always give support to me as well as my relative. For example I was invited to come for the whole Christmas day rather than pop in for a couple of hours". Staff knew peoples relatives and there was a relaxed rapport when visitors were greeted by staff.

Information was not always stored confidentially at the home. People's records were in a secure cabinet, but this was not locked during our inspection and confidential information could therefore be accessed by people. Other confidential information was stored in the registered manager's office, but again this was not locked and could have been accessible by people and visitors to the home. The home manager and director told us that they would review confidential storage and ensure that records were stored confidentially.

Requires Improvement

Is the service responsive?

Our findings

People had mixed views about the activities available at the service and there was a vacancy for a second activity co-ordinator at the time of inspection. This meant that some people had limited activities or interactions.

One person told us "sometimes I get very bored, there are activities most days if you call doing a crossword, or a lady coming in to read an activity". A visitor said that their relative enjoyed the dancing, singing and music groups and told them about it when they visited. Health professionals also had mixed views, one told us there was "nearly always something going on, we have to change when we visit due to activities", but another explained that they felt better stimulation was needed, they were not sure what activities went on and said it was often quiet in the lounge when they visited.

The service produced a 4 weekly activity timetable that was distributed to people and also on display in the home. Regular activities at the home included weekly exercise classes, a weekly hairdresser, an aromatherapist, a regular arts and crafts class, giant scrabble and visiting entertainers. Local events were also included on the timetable.

We observed that the television in the lounge was on and three residents were seated nearby. However they were all in seats facing away from the television and therefore could not see it. The registered manager informed us that these residents chose to sit in these seats and that any resident who wanted to watch the television would be assisted to do so if they were not able to move independently.

There was a small library available to people and newspapers available but for the majority of the inspection, there was little stimulation for people. We observed that the activities co-ordinator did some flower arranging with a small group of people in the afternoon. There had been a quiz planned in the morning, however so few people wanted to participate that the co-ordinator instead took people out. They were only able to take one person at a time which meant that the remaining people in the home had no available activities.

The activities co-ordinator worked part time and told us that they tried to "keep everyone happy, when its nice weather they want to go out and I take them as often as I can". The service had a mobile shop which was taken around to people twice weekly so people could choose from a range of basic items. The flower arranging was a fortnightly activity and the co-ordinator said that they took a person with them each time to choose what flowers they were going to use. The co-ordinator knew what activities and interests' people had and explained that they had some external people who also came to lead activities, these included a person who came in to read to people and the local church who visited to offer communion. One member of staff explained that people liked visiting entertainment but that more could be done to provide activities for some people.

Records indicated that people had one to one time with the co-ordinator but in most cases, this was task

focussed as the time was used to speak with people about their menu choices for the following day. The one to one sessions were not personalised or based on people's interests or preferences. The registered manager explained that they had a vacancy currently for an activity co-ordinator but had recruited to this post and the person was due to start imminently. They also said that they would look at how they could provide more meaningful one to one support time for people.

Feedback was gathered twice annually by giving questionnaires to people and relatives, the registered manager explained that people informally asked for things and they responded to requests promptly. For example, a person felt their room was too hot, they provided fans and have offered them a different room as soon as one was available. Complaints were dealt with consistently and discussed between the director and registered manager. The complaints policy was included in the packs which people received when they moved into the home.

The registered manager explained that they had used feedback from people to inform changes at the service. For example, people had fed back that they wanted to go out more and the service had arranged mini bus trips monthly, the new co-ordinator would also cover some weekends as this was something people had asked for. The director told us that they planned to support residents to attend an event locally in the next few weeks.

The director and registered manager had recruited to the activity co-ordinator post and the new member of staff was due to start imminently. However, there were gaps in activities and opportunities for interaction for people at the time of inspection. The registered manager and director were aware of the gaps and had plans in place to address these with the new staff member.

People's care and support needs were reviewed and relatives were involved in this process. One relative told us they had "informal involvement about how things are going and (we have had) a recent formal review". Peoples records were person centred and focussed on individual abilities. For example, one said "prefers to get ready for breakfast which they like to have in their room and likes to spend mornings in the lounge". Another record gave clear communication details for one person explaining how they may visually communicate distress or pain. A member of staff told us how this person communicated when they were in pain and this correlated with the information in their care record. A relative told us that staff had asked what their relative's interests, dislikes and preferences were. The registered manager told us that some people and relatives did not want to participate in their regular reviews and for those people they had obtained signatures indicating that this was their wish.

Good

Is the service well-led?

Our findings

The service was well led and there was a registered manager in post. One person told us that they saw the manager and the director around and that they were assisting them to apply for some further benefits. A relative told us that the registered manager was "very good, amenable and thorough". Another said that the director had been nice, helpful, kind and understanding.

People and visitors told us that communication with management was good. We observed that the registered manager was working on the floor with staff during the inspection and people told us that this was normally the case. One relative said "anytime I've wanted to chat, the registered manager and director have been around". A health professional said that they had seen "good communication and that staff respect the registered manager". Staff told us that they had regular handovers and that they also used a written communication book to ensure that everyone was up to date with each person.

There was an open culture at the service and staff spoke highly about the management of the home. One staff member told us "the registered manager is friendly and approachable and has an open door policy". Another told us that the manager and director were very approachable and that could go to them with anything. Staff told us that management asked for suggestions about how to change and improve the service, and that requests were responded to promptly. For example, when staff had requested new equipment, the director had responded and purchased this promptly. Staff said that they would feel confident to speak with management about any issues and one said they "would report any mistakes and feel confident and supported".

Residents meetings were held regularly and were well attended by people and relatives. Any issues were discussed and we saw that both activities and the menus were discussed and actions planned. Actions had been completed in most cases and where new menu's had not yet been agreed, the director told us that this was their top priority when the new chef started in post. This had been fed back to people who were aware of the delay and the reason behind this. Questionnaires were also used to find themes and trends. For example, people had highlighted that meals could be better. The registered manager, director and chef had discussed and there were plans for the menu to be revised as soon as the second chef vacancy was filled.

Staff had regular team meetings and were invited to raise any issues for discussion. We saw that areas raised at resident's meetings were discussed at staff meetings so that staff were aware of feedback from people and areas for improvement or change. For example, feedback from a residents meeting had highlighted an issue with laundry. This had been discussed at the staff meeting and a member of staff nominated to complete bi-monthly checks to manage this. Training and learning opportunities were also discussed and staff were updated about recruitment and staffing changes. The meetings were attended by both the registered manager and the director which meant that both were up to date with any changes or issues. Actions were also recorded and dated.

The registered manager told us that they received regular supervision and had management meetings with the director to discuss progress and any issues. The minutes from these meetings included discussions

about new staff and staff development, ongoing maintenance and quality assurance audit plans and progress. The registered manager told us that they had a "brilliant set of staff, (they are) reliable and help out, (they) work as a team". To develop best practice, the registered manager told us they attended the local learning hubs and meetings with the local care and nursing associations. They also used national guidance from an organisation online and attended local safeguarding forums.

Quality assurance audits at the service were frequent and robust. The registered manager and director both took responsibility for various audits within the service and met regularly to look at audit findings. Regular audits included room checks, maintenance, infection control and fire safety checks. Policies and procedures were reviewed annually and all updates were clearly documented.