Allenbrook Care Limited

Allenbrook 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

The inspection took place on the 15 and 16 August 2016 and was unannounced.

Allenbrook nursing home provides accommodation for persons who require nursing or personal care for up to 43 people. The home has permanent residents but also provides respite care. At the time of our inspection 38 people were living at the home.

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. The registered manager had left the service in August 2015 but had returned in February 2016.

Individual care records were stored electronically and each member of staff carried a personal data terminal to access and update records accordingly.

The provider had systems in place to respond and manage safeguarding matters and make sure that safeguarding alerts were raised with other agencies.

People who were able to talk with us said that they felt safe in the home and if they had any concerns they were confident these would be quickly addressed by the staff or manager

Assessments were undertaken to identify risks to people's wellbeing. Staff were aware of people's individual risks and knew the strategies in place to keep people safe.

The provider operated safe and effective recruitment procedures. There were sufficient numbers of qualified, skilled and experienced staff deployed to meet people's needs. Staff were not hurried or rushed and when people requested care or support, this was delivered quickly.

Medicines were stored and administered safely. Clear and accurate medicines records were maintained. Training records showed that staff had completed training in a range of areas that reflected their job role.

Staff received training, supervision and were appraised, providing them with appropriate support to carry out their roles.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. At the time of our inspection applications had been submitted by the managing authority (care home) to the supervisory body (local authority) and had yet to be authorised. The manager understood when an application should be made and how to submit one.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

People were involved in their care planning, and staff supported people with health care appointments and visits from health care professionals. Care plans were amended to show any changes, and care plans were routinely reviewed to check they were up to date.

People were treated with kindness. Staff were patient and encouraged people to do what they could for themselves, whilst allowing people time for the support they needed.

People knew who to talk to if they had a complaint. Complaints were passed on to the registered manager and recorded to make sure prompt action was taken and lessons were learned which led to improvement in 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 was safe. The home had sufficient numbers of suitably skilled and competent staff deployed to keep people safe.

Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place.

Medicines were appropriately stored and disposed of. People received their medicines when they needed them.

Is the service effective?

Good

The service was effective. Staff were trained and supervised to ensure that they had the skills and knowledge to provide the support individuals needed.

The registered manager was knowledgeable about the Deprivation of Liberty Safeguards and how to protect people's rights.

People received appropriate nutritional support. Where people needed support to eat or drink this was provided.

Is the service caring?

Good

The service was caring. Staff were kind, compassionate and treated people with dignity and respect.

Care plans were developed and maintained about every aspect of people's care and were person centred.

People at end of life were supported by staff that were caring and compassionate.

Is the service responsive?

Good

The service was responsive. People's care needs were regularly reviewed and staff were knowledgeable about the care they required.

The provider had arrangements in place to deal with complaints. People and relatives consistently told us any issued raised were dealt with in good time.

People were provided with a range of activities.

Is the service well-led?

Good

The registered manager and the provider had good relationships with professionals. Relatives told us various professionals visited the home to assess people's care needs.

People, their relatives and professionals were regularly asked for their feedback and this information was used to help improve the service.

Good leadership was seen at all levels. Relatives told us the senior staff and the registered manager were approachable and took any concerns raised seriously.

Allenbrook 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 checked 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 the 15 and 16 August 2016 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case older people and people living with dementia.

Before our inspection we reviewed information we held about the service. We checked to see what notifications had been received from the provider. Providers are
required to inform the CQC of important events which happen within the service. We asked the provider to complete a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We use this information to help us identify areas to focus on during an inspection.

During our inspection we spoke with the registered manager, deputy manager, quality assurance manager, six members of the care team, the chef, activities co-ordinator, 16 people living at the home and 12 relatives. We also spoke with one visiting healthcare professional and contacted two health and social care professionals to obtain their views on the delivery of care at Allenbrook Nursing Home.

Some people were not able to verbally communicate their views with us or answer our direct questions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the provider's records. These included six people's care records, six staff files, a sample of audits, satisfaction surveys, staff attendance rosters, and policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe, one person told us, "I feel very safe here. The staff come when I press my bell. Nothing is too much trouble for them". Another person said, "The staff are marvellous. I could speak to every single one of them if I had any worries or concerns. I have full confidence in the home and the manager". A relative told us, "They do a marvellous job. I'm so happy my relative is here. I know they are in good hands". One health and social care professional told us, "I have placed a person in the home who is extremely difficult to manage with a very difficult personality. The home manages this person extremely well. Staff are not offended by their behaviours, and they continue to deliver safe and effective care to this person".

The service had taken appropriate steps to protect people from the risk of abuse. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored. Comments from staff included, "I would report any issue that I was concerned about, no matter how small." and "I know how to report safeguarding and am confident to do so".

Risk assessments were in place for all people living at the home. Staff told us that, where risks were identified, measures were put in place to ensure the risk was safely managed. For example, we saw that people who were cared for in bed had easy and direct access to an alarm call bell. The level and frequency of observations of these people by staff were increased accordingly. We saw from the staff observation records that these welfare checks had been made frequently and were recorded accurately and in a timely manner.

There were various health and safety checks and risk assessments carried out to make sure the building and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the environment, fire safety, gas and electric systems.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. We saw a Disclosure and Barring Service (DBS) check had been obtained before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers

make safer recruitment decisions. Checks to confirm qualified nursing staff were correctly registered with the Nursing and Midwifery Council (NMC) were also held on file. All nurses and midwives who practice in the UK must be on the NMC register.

There were enough skilled staff deployed to support people and meet their needs. During the day we observed staff providing care and one-to-one support at different times. Staff were not rushed when providing personal care and people's care needs and their planned daily activities were attended to in a timely manner. Staffing levels had been determined by assessing people's level of dependency and staffing hours had been allocated according to the individual needs of people. Staffing levels were kept under review and adjusted based on people's changing needs. Staff told us there were enough of them to meet people's needs. We observed staff providing care in a timely manner to people throughout our inspection.

There was a clear medication policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. People's medicine was stored securely in medicine cabinets that were secured to the wall within a locked room. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Medicines that were required to be kept cool were stored in an appropriate locked refrigerator and temperatures were monitored and recorded daily. Regular checks and audits had been carried out by the registered manager to make sure that medicines were given and recorded correctly. Medication administration records were appropriately completed and staff had signed to show that people had been given their medicines.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CD's). The CD's in the service were stored securely and records were accurately maintained.

The provider had plans in place to deal with foreseeable emergencies in the home. Emergency plans were in place for staff to follow including in the event of a fire or of the lift breaking down while a person was using it. Staff we spoke with told us that they had regular training in the actions they needed to take if there was a fire. This meant the staff knew how to protect people if there was an emergency in the home.

During our inspection we found the home was clean and free from odours. The home had effective systems in place to ensure that the home maintained good hygienic levels and that the risk of infection was minimised. Equipment used to mobilise people safely for example, wheelchairs, hoists and hoist slings were well maintained and checked regularly to ensure they were safe to use and fit for purpose.

Good

Is the service effective?

Our findings

People, relatives and health and social care professionals told us staff were experienced and were meeting people's needs. One person said, "I came here after a very bad fall at home and I couldn't stand up on my own. The home put an alarm in my seat to keep me safe because I was unable to get out of a chair on my own but I was determined to walk again. With their help and patience I am now fully mobile again it's wonderful". A relative told us, "We were involved in all the care planning. They ring us if there is anything amiss or if anything is wrong, they keep us informed". A visiting health care professional told us, "The staff here are very good. Anything we ask to be done gets done. I am confident that staff know what to do".

Staff were supported in their role and had been through the provider's induction programme. This involved attending training sessions and shadowing more experienced staff. The induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

There was an on-going programme of development to make sure that all staff were kept up to date with required training. These included health and safety, fire awareness, moving and handling, emergency first aid, infection control, safeguarding, food hygiene, dementia awareness and Mental Capacity Act (2005). Staff had the training and knowledge that they needed to support people effectively.

Support for staff was achieved through individual supervision sessions and an annual appraisal. Staff said that supervisions and appraisals were valuable and useful in measuring their own development. The registered manager told us, "Although supervisions are being carried out as routine there was a period of time between August 2015 and February 2016 when the home was being managed by another manager supervisions had not been carried out. This had been identified when the registered manager returned to the service and an action plan put in place to address this. We saw evidence that supervisions and appraisals had been planned 12 months in advance and were now being carried out routinely.

Where people were unable to express their views or make decisions about their care and treatment, staff had appropriately used to The Mental Capacity Act 2005 (MCA) to ensure their legal rights were protected. The Act 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 make particular decisions, any made on their behalf must be in their best interests and the least restrictive as possible. One health and social care professional told us, "The staff and nursing team have a good awareness of decision specific mental capacity".

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. At the time of our inspection one person living at the home was subject to a DoLS which had been authorised by supervisory body. The home was complying with the conditions applied to the authorisation. The home had submitted a further 12 applications which had yet to be authorised by the local authority. The registered manager knew when an application should be made and

how to submit one. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People were encouraged and supported to eat and drink sufficient amounts to meet their needs. There were jugs of water and squash available in the lounge area throughout the day and at various locations throughout the home. For people who were cared for in bed fluids were readily available and within reach. People told us that during the night staff were 'very obliging' if they wanted a hot drink or snack.

Most people took their meals in one of the two dining areas and this was encouraged to enable people to socialise. Dining tables were covered with clean tablecloths which were replaced after each meal and each table had a small vase with fresh flowers in. The majority of people did not require support with their meals but staff were available to offer this if it was needed. Staff sat with people who required support to eat and let them eat at their own pace.

The home had recently introduced distinctively coloured (yellow) plates and cups that contrast with tables, trays and food to help people with visual impairment or living with dementia. Some people may not be able to distinguish white food presented on a white plate so crockery needs to offer a colour contrast to food and drink to promote independence and well-being. One relative told us, "Mum was not a good eater at first, just shoved her food around, but since they've started serving the food on yellow plates she now eats very well and independently". Some people talked to each other and others preferred to eat quietly. We saw that lunchtime was a positive experience for people.

Good

Is the service caring?

Our findings

People and relatives told us staff were caring and looked after them well. One person said, "You couldn't wish for better care here. The girls (staff) are very good". Another said, "The staff are so nice to me its lovely here. I really love living here, it's my home. I wouldn't want to be anywhere else". We spoke with one person resting in their room who said, "The girls are very good to me. I don't often venture out of my room but the girls pop in several times to make sure I'm ok". A relative told us, "I have no concerns at all about the care my relative receives. The staff are very caring and attentive. I would have no hesitation in recommending this home to anyone". One health and social care professional told us, "The home are very caring about the service users and have worked hard to accommodate some difficult personalities within the mix and to maintain those placements". Another health and social care professional told us, "I have always witnessed kind and caring responses from the staff at Allenbrook and they are always interacting with the residents. There are many people with high nursing needs and they always appear well kempt, happy and supported".

The service had received many compliments from people and relatives. For example, "Thank you for the first class care you gave to X (person). She was so content and grateful for everything and her departure was so peaceful", "A very sincere thank you to all the staff for your wonderful care. My dad was very happy in his final home" and "The combination of all your personalities enabled her to maintain a reasonable quality of life under difficult circumstances".

The home worked in partnership with a local hospice and had successfully completed the Six Steps to Success in End of Life Care programme. The programme aims to enhance end of life care through facilitating organisational change and supporting staff to develop their roles around end of life care. The aim is to ensure all patients at end of life receive high quality care provided by organisations that encompass the philosophy of palliative care. The home had introduced 'Just in Case' boxes to support anticipatory prescribing and access to palliative care medicines for people. These people often experience new or worsening symptoms outside of normal GP practice hours. The development of 'Just in Case' boxes seeks to avoid distress caused by poor access to medications in the Out of Hours (OOHs) period, by anticipating symptom control needs and enabling availability of key medications. In partnership with a local GP and hospice service the home ensured that people who were at end of life had access to relief of pain and other associated symptoms medicines when they needed it.

The home had a designated End of Life lead nurse who was supported to develop their knowledge, skills and confidence and encouraged to empower staff within the organisations to deliver quality end of life care. They met regularly with the local palliative care working group at the local hospice. In addition to this the home were part of the local GP surgery palliative care group and were involved in regular meetings to share good practice and reflect on how they could continue to improve end of life care.

Staff cared for people in a relaxed, warm and friendly manner. We saw that non care staff who worked in the home such as kitchen and maintenance staff took time to sit with people and chat. Staff sat talking with people and engaged in lively conversations about their families, social events and sharing memories. There was a lot of laughter and we noted that staff took every opportunity to engage with as many people as

possible. For example, by bending down to ask if a person would like more tea, by touching a person's hand to ask if they were ok, and by frequently popping in and out of bedrooms to check on people.

People were supported to make sure they were appropriately dressed and that their clothing was arranged to ensure their dignity. Staff were seen to support people with their personal care, taking them to their bedroom or the toilet/bathroom if chosen. Staff provided clear explanations to people before they intervened, for example when people were helped to move from an armchair to their wheelchair using specialised equipment. Staff checked at each stage of the process that people were comfortable and knew what to expect next. Staff promoted independence and encouraged people to do as much as possible for themselves. A relative said: "I know mum can't do much for herself anymore but it is good to see the staff trying to get her up on her feet and walking around a bit".

People were able to spend private time in quiet areas when they chose to. Some people preferred to remain in a quieter sitting area when activities took place in the main lounge. This showed that people's choices were respected by staff. There were other areas within the home to allow relatives opportunities to speak with staff privately about the care provided to their relative.

Staff addressed people by their preferred names and displayed a polite and respectful attitude. They knocked on people's bedroom doors, announced themselves and waited before entering. Some people chose to have their door open or closed and their privacy was respected. Staff covered people with blankets when necessary to preserve their dignity. People were assisted with their personal care needs in a way that respected their dignity.

Each person's physical, medical and social needs had been assessed before they moved into the service and communicated to staff. Pre-admission assessment of needs included information about people's likes, dislikes and preferences about how their care was to be provided. Care plans also included a 'life diary' which documented people's upbringing, early life, education, teenage years, career and work, social and recreational interests and personal achievements. Care plans were developed and maintained about every aspect of people's care and were centred on individual needs and requirements. This ensured that the staff were knowledgeable about the person and their individual needs.

Good

Is the service responsive?

Our findings

People and relatives told us the service was responsive to their needs. "One person told us, "I've been really pleased with my decision to move here. The home is really good. I came for respite care then went home but realised I couldn't cope so came back. I would not have done so if it was no good". Another told us, "Nothing is too much trouble. I only have to ask and they [staff] oblige". A relative told us, "The home responds well to X [relative] needs. I did worry at first when they came to live here about how it would all work out but the home has been very good, I can't fault them". One health and social care professional told us, "Allenbrook work well with individual needs and support people to remain as independent as possible even with the most severe physical limitations and cognitive impairments".

People were involved in their day to day care. People's relatives were invited to participate each time a review of people's care was planned. A relative told us, "We are pretty involved so we get plenty of notice if anything is going to change". People's wishes and decisions they had made about their end of life care were recorded in their care plans when they came into the service. When people had expressed their wish regarding resuscitation this was clearly indicated in their care plan and the staff were aware of these wishes.

People's individual assessments and care plans were reviewed with their participation or their representatives' involvement. Care plans had been updated to reflect any changes to ensure continuity of their care and support. Updates had been made when people's medicines or health needs had changed. One relative told us, "The home reviews the care plans regularly and we are always invited and updated on how X [person] is doing". Another relative told us how their family member's general wellbeing had improved since they had moved to the home because staff had worked with them to ensure the care and support they received was tailored to meet their individual needs". One person said, "The staff know what I like and what I don't like. They know that sometimes I can walk without my frame and others times I struggle. They always ask me if I need my frame".

Care plans were person centred and contained guidance about people's personal preferences for how they liked to be supported. For example, one care plan explained how the person liked to be assisted in the community. Another care plan explained how to support a person who needed to be prompted with personal care. Each member of staff had an electronic data terminal that carried people's individual care plans and daily records. Staff were able to access peoples care records immediately without the need to visit the office and update them as things happened. This ensured that peoples care records were up to date and current.

People and relatives told us that the service they received was flexible and based on the care and support they wanted. One relative said: "I am pretty much always here so I know they do a good job. They look after mum well and they do everything they need to do to make sure she is looked after well".

People took part in various activities which were arranged daily. On the first day of our inspection people were enjoying a 'singalong' in the lounge and activities were also taking place in the garden. On the day of our inspection the weather was extremely sunny and warm and people outside were encouraged to sit in

the shade and wear sun hats. The activities co-ordinator further encouraged people to apply sun screen to minimise the risk of sunburn.

The activities co-ordinator told us they planned activities in advance however as people's needs changed there was a need for flexibility and activities changed accordingly. Activities included, art and craft, skittles, board games, pamper sessions, exercise, and music and movement. There were also weekly church services and visiting entertainers. One person told us, "There is a list on the wall of what we are doing but if we fancy something different we change it". Another person said, "Sometimes I just like to sit in the conservatory and watch the wildlife. If the weather is warm though the staff take me out in the garden". Relatives told us that the home had recently held a barbeque evening where staff, relatives and people living at the home enjoyed themselves. One relative told us, "It was lovely to see staff come in on their days off to be part of it. It really is like one big family".

The home had developed a "My front door" programme where people had their own individually painted door, in the colour of their choice complete with knocker and brass room number to reinforce that their room is their own personal space. People's room's reflected people's personality, preference and taste. For example, some rooms contained articles of furniture from their own home and people were able to choose furnishings and bedding.

The provider kept a complaints and compliments record. People and relatives told us they knew how and who to raise a concern or complaint with. The complaints procedure gave people timescales for action and who in the organisation to contact. People told us that if they were unhappy they would not hesitate in speaking with the manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. Complaints had been appropriately investigated and by the registered manager. One relative said: "I don't need to complain about anything, I have trust they are doing this right".

Good

Is the service well-led?

Our findings

Staff, relatives and healthcare professionals told us the home was well-led. People and relatives told us the registered manager was 'hands on' and spent time with people. One person said, "I see a lot of the manager, he is really good". A relative told us, "We can approach the manager at any time. He always has time to speak with us and tell us how X [relative] is doing". Another person told us, "He (the manager) does a wonderful job. He is always on the ball". A friend who was visiting told us, "The home is well run and X (their friend) was very happy at Allenbrook". They went on to say they would recommend the home to others. A member of staff said, "I wouldn't want to work anywhere else". Another member of staff said, "I can go to my manager with any issues and he is always approachable, he is really passionate about what he does which helps drive the other staff too. It was very sad when he left but fantastic when he came back". A health and social care professional told us, "I have visited the home both announced and unannounced to see clients and have always been greeted warmly. Staff cannot do enough to support me in my role. I feel that the care delivered at Allenbrook is of a high quality and the staff are wonderful".

There were systems in place to review the quality of service in the home. Monthly and weekly audits were carried out to monitor areas such as health and safety, care plans, accidents and incidents, and medication. Unannounced night visits by the manager were undertaken. The last night visit took place on 28 July 2016 where no concerns were found. This looked at the security of the home, cleanliness, hourly checks maintained and documented, handover records and staff being in allocated work areas.

Any accidents and incidents were investigated to make sure that any causes were identified and action was taken to minimise any risk of reoccurrence. Records showed that appropriate and timely action had been taken to protect people.

Staff behaviours were consistently observed throughout our inspection. Staff spoke to people in a kind and friendly way. We saw many positive interactions between the staff and people who lived in the home. All the staff we spoke with told us they thought the home was well managed. They told us that they felt well supported by the registered manager and provider and said that they enjoyed working in the home.

The home had a clear management structure in place led by an effective registered manager who understood the aims of the service. Staff told us the morale was excellent and that they were kept informed about matters that affected the service. The registered manager was supported by the organisation that carried out an extensive programme of quality assurance audits. Records showed that the provider's representative visited the service regularly to carry out quality assurance audits, including checking that care and personnel files were up to date and had been reviewed regularly.

The provider sought the views of health and social care professionals through questionnaires every six months. Health and social care professionals consistently noted the service was "Excellent" and "Good". One health and social care professional commented "The home has a core of experienced registered nurses and nursing assistants who feel pride in working towards very good standards of care". Another commented "I get a sense that nurses are person centred in their approach and work well to provide appropriate nursing

care".

Feedback from relatives was equally complimentary. We looked at 16 completed "How well are we caring" questionnaires that had been returned. Most people rated the service as "Excellent" or "Good". Comments included, "Always helpful and ready to listen", On the whole very happy. I enjoy going there", "I have never seen anything but dignity and respect" and "There is always a good atmosphere in the home. The gardens and lawn are a picture".

Staff told us that team meetings took place regularly and they were encouraged to share their views. They found that suggestions were warmly welcomed and used to assist them to constantly review and improve the service. We looked at staff meeting records which confirmed that staff views were sought and confirmed that staff consistently reflected on their practices and how these could be improved. Staff told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised.

Residents meetings were held regularly to gather their feedback about the service. We looked at the minutes of the last two meetings in May and August 2016. Topics discussed for example were, food menu's, cooked breakfasts, outings, activities, housekeeping and laundry. Meetings were generally well attended. One person told us, "We have these meetings which are really good but we don't have to wait for a formal meeting to raise any issues. The manager is very approachable and his door is always open. Another person told us, "I really enjoy the meetings, they are light hearted but everything is taken seriously and documented".