

Mr Peter Sims & Mrs Svetlana Sims Hankham Lodge Residential 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?	Requires Improvement	

Summary of findings

Overall summary

Hankham Lodge Residential Care Home provides accommodation and support for up to 20 older people who require assistance with daily living due to physical frailty and health needs, such as diabetes. There were 20 people living at the home during the inspection, some were living with memory loss and mild dementia and others needed support to move around the home safely. The home is a converted older building with bedrooms on two floors and there is a passenger lift that enables people to access all parts of the home.

The registered manager, although on maternity leave at the time of the inspection, continued to oversee the service and staff said they were available for advice and support if needed. The registered manager was one of the home's two providers; the other provider was available during the inspection and informed us they had been managing the home since August 2016 and had sent in a notification to inform us of this, but was not yet registered. 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.

This inspection took place on the 10 and 13 April 2017 and was unannounced.

At our inspection on 8 and 16 December 2015 we found the provider was not meeting the regulations with regard to record keeping and the quality monitoring system was not always effective; as it did not enable the provider to identify where quality and safety were being compromised. At this inspection we found improvements had been made and the provider met the regulation.

However, we found that additional work was needed to ensure the improvements were embedded into practice. For example, the quality assurance and monitoring system had been reviewed and a number of audits had been completed. However, the system had not identified areas of concern that we found during the inspection, such as gaps in the care plans.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards which applies to care homes. The management and staff had attended training and had an understanding of their responsibilities with regard to Deprivation of Liberty Safeguards (DoLS). The provider had followed current guidance by contacting the local authority for DoLS assessments when required.

Relevant training was provided; staff were supported to understand people's needs and develop the skills to provide the support people wanted. Staff had attended training and had an understanding of the Mental Capacity Act 2005 and, people who did not have capacity to make some decisions were supported to make choices about all aspects of their day to day lives. People chose where they spent their time, in their own rooms or the communal areas. They were very positive about the food and told us activities were available for them to join in if they wanted to. Staff were kind and caring and treated people with respect.

Staff had attended safeguarding training; safeguarding and whistleblowing policies were in place and staff demonstrated an understanding of abuse and how to protect people. The atmosphere in the home was calm and people said they were very comfortable living there and felt safe and well cared for.

There were systems in place for the management of medicines. Staff had attended training and completed records as they gave people their medicines.

The recruitment process was robust, it ensured only suitable people worked at the home and there were enough staff working in the home to provide the support people wanted.

Complaints procedures were in place. The provider encouraged people, relatives and staff to be involved in decisions about how they improved the service and, people and staff were positive about the management of the home.

We recommend the provider seeks appropriate advice and training, with regard to record keeping and monitoring/auditing of records; to ensure they reflect people's needs and provide clear guidance for staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Robust recruitment procedures ensured only suitable people worked at the home and there were enough staff to provide the support people wanted.

Risk assessments provided guidance for staff to reduce risk while enabling people to be independent.

Staff had attended safeguarding training and had an understanding of abuse and how to protect people.

There were systems in place for appropriate management of medicines.

Good 

Is the service effective?

The service was effective.

Staff had received relevant training and provided appropriate support to meet people's needs.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were offered choices about the food they ate, and mealtimes were sociable and relaxed.

Staff ensured people had access to healthcare professionals when they needed it.

Good 

Is the service caring?

The service was caring.

People were treated with respect and their dignity was protected.

The atmosphere in the home was calm; staff supported people to make their own decisions about their care and communication between people and staff was relaxed and

Good 

friendly.

People were encouraged to maintain relationships with relatives and friends, and relatives were made to feel very welcome.

Is the service responsive?

Good 

The service was responsive.

People's needs were assessed before they moved into the home and they received support that was personalised in line with their wishes and preferences.

People decided how and where they spent their time and activities were provided for people to participate in if they wished.

People and visitors knew how to make a complaint or raise concerns with staff.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Quality assurance and monitoring systems were in place, but these had not been consistently effective.

There were clear lines of accountability, staff were aware of their responsibilities and said the provider was available for support and guidance.

Feedback was sought from people, relatives, staff and visiting professionals to assess the services provided and identify areas for improvement.

Hankham Lodge Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 10 and 13 April 2017 and was unannounced. The inspection was carried out by an inspector and expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who used this type of service.

Before the inspection we looked at information provided by the local authority and contracts and purchasing (quality monitoring team). We also looked at information we hold about the service including previous reports, notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. We also looked at the provider information return (PIR), which is a form that asks the provider to give some key information about the service, what they do well and any improvements they plan to make.

Some people were unable to verbally share with us their experience of life at the home. We spent time with people in their own rooms and in the lounge and, 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.

During the inspection we spoke with 14 of the people living at Hankham Lodge and two relatives. We spoke with eight members of staff, which included the care staff, housekeeping staff, cook, deputy manager and provider and a health professional.

We reviewed a variety of documents. These included four care plans, daily records, three staff files, training

information, medicine records, and some policies and procedures in relation to the running of the home.

Is the service safe?

Our findings

People said the staff provided just the right amount of support when they needed it. One person told us, "Oh no there's nothing to be worried about here" and another said, "They are so patient and only too happy to help you." People and relatives felt there were enough staff working in the home to provide safe care and that call bells were answered promptly. One person told us, "They're ever so quick if you use your bell and they encourage you to use it especially if you're not well. I felt a bit sick the other night and didn't like to trouble them but the next day (staff member) said to me that I must use it that's what they're here for." A relative said, "The staff are very caring and there is always someone around if residents want anything."

Recruitment procedures had been reviewed following the last inspection and, despite problems obtaining two references for one member of staff the files viewed were complete and contained the relevant information. We looked at personnel files for three new staff; they contained the appropriate information including completed application forms, two references, Disclosure and Barring System (Police) check, interview notes and evidence of their residence in the UK, in the form of letters with their address. This meant the recruitment process ensured that only suitable people worked at the home.

As far as possible people were protected from the risk of abuse and harm. The safeguarding procedure had been updated since the last inspection and included the contact details for referrals to the local authority. Staff had read this document and had attended safeguarding training. They understood different types of abuse and were clear about the action they would take if they had any concerns. A whistleblowing policy was in place and staff said they would talk to senior staff or the provider if they had any worries about the care provided in the home and, they were confident action would be taken. Staff said they provided a service that ensured people were safe and relatives supported this. They told us they had no concerns about the care provided for people living at Hankham Lodge.

Risk assessments had been completed depending on people's individual needs. These included nutritional risk, mobility and moving and handling and blood sugar levels for diabetes. People told us their blood sugar levels were checked daily and appropriate medication was given by the district nurses. Staff had a good understanding of people's needs and their preferences and, they explained how people were supported to be independent and make choices. For example, moving around the home safely using walking aids and staff provided guidance for people as they walked to and from their rooms and the communal areas.

There were sufficient numbers of staff working in the home to ensure people had the support they needed. The atmosphere in the home was relaxed and comfortable; staff said they did not feel rushed and focused their time on providing the support people wanted. Staff told us, "There are enough staff working here to look after people and if we thought we needed more we would tell (the provider) and they would increase the numbers." People said they decided how much support they wanted from staff and, when people asked for assistance staff were only too happy to help them, with smiles and chatting on both sides. One person told us, "You sometimes see (The provider) showing people round who might want to come and get a job here and that says a lot but they have to be up to scratch."

Medicines were managed safely. Training had been provided by the pharmacy; training records showed they had completed this and had been assessed as competent by senior staff before they gave medicines on their own. The medicine administration record (MAR) charts had been completed appropriately. At the front of each MAR chart there was a picture of each person, with their room number and any allergies. We observed staff as they administered medicines, these were given out individually to each person; staff asked people if they were comfortable and offered pain relief when appropriate. The medicine trolley was locked when not in use and staff signed the MAR only when the medicines had been taken. There were protocols in place for as required medicines (PRN), such as paracetamol for pain relief, and staff asked people if they needed this when they gave medicines and if they noticed a person looked uncomfortable. Staff explained that some people were unable to tell staff when they needed pain relief and staff observed each person's body language and facial expressions, to ensure medicine was provided when needed.

The provider had a plan to deal with emergencies and was available at any time as they lived on the same site as Hankam Lodge. The one waking member of staff on nights was supported by on call senior staff, their contact details were readily available and, they said they were happy for night staff to contact them at any time. Personal evacuation procedures (PEEPs) were in place and the provider said a recent fire training session had included clear guidance for moving people out of the home in case of emergency. Staff said this had been explained to them and they felt people could be moved out of the home safely if necessary.

Relevant checks were carried out; these included a fire alarm test, monthly checks on emergency lighting, call bells, water temperatures and legionella risk. The provider said yearly PAT testing for personal electrical equipment was due at the time of the inspection and, would include the equipment brought into the home by people who had recently moved in. There was on going repair and maintenance. Staff noted any repairs needed in the maintenance log and maintenance staff signed and dated these when they had been addressed.

Is the service effective?

Our findings

People told us the staff looked after them very well. One person said, "They are always around if we need anything, but I can do most things for myself." A relative told us, "The staff are very good, they are patient and seem to know exactly how much help residents need." Staff said the training was good; they had to attend to ensure they were up to date and understood people's needs and how to meet them. People said the food was very good, choices were provided and they enjoyed the meals.

Staff said they had completed relevant training; they felt they provided the support people needed and the training plan showed staff had attended. Staff told us, "The training is good. We have to do it and we have done moving and handling, infection control, fire safety, food hygiene, health and safety, dementia awareness and safeguarding and, we have recently done end of life care, which was very good." "We can ask about doing additional training. I would like to do more training on dementia and will ask (the provider) about this" and, "I think the training means we have a good understanding of our resident's needs. Particularly those with dementia, they need different support depending on how they feel" and, "We know the triggers that might cause upset and what to do to support them." People were positive about the support they received, one told us, "I think the staff are very intelligent and aware of the users. There's a sense of humour but nothing's seen as trivial."

Staff had attended training in Mental Capacity Act (MCA) 2005 and had an understanding of capacity and the implications of Deprivation of Liberty Safeguards (DoLS) for the people they supported. The purpose of DoLS, which is part of the MCA, is to ensure that someone, in this case living in a care home, is only deprived of their liberty in a safe and appropriate way. This is done when it is in the best interests of the person, has been agreed by families and professionals, there is no other way to safely care for them and it is the least restrictive. Staff said a DoLS was in place for one person and this had been reviewed with the local authority, to ensure it was appropriate to support them safely and not restrict them. Staff told us, "Everyone living here can make some decisions, some more than others, but all can decide when to get up and go to bed and what they want to eat. If we have any worries we talk to (The provider) and might call the GP or social worker" and, "We support people to make decisions about everything and we don't assume anything. We are here to look after them and make sure they have the best life they can have living in a home." Staff involved people at all times in decisions about the support provided and asked for their consent before they provided assistance.

Induction training was provided for all staff when they started working at Hankham Lodge and three new staff were working through the Care Certificate. This is a set of standards that social care and health workers stick to in their daily working life and is the new minimum standards that should be covered as part of induction training of new care workers. Staff said they were encouraged and supported to work towards health related qualifications. Five care staff had completed NVQ level 2, five had completed level 3 and the provider had discussed with senior staff about working towards level 4, the management qualification.

There was no formal supervision programme in place. However, staff did not raise any concerns about this. The provider and staff said there was on going discussion and conversation about meeting people's needs

and, the provider offered staff additional guidance and mentoring as required. Staff told us, "(The provider) is very good, we can make suggestions about anything and they listen and discuss what we can do to make sure residents are comfortable." "I think because we are open about what we do, how we support people and we talk to each other about this all the time, we work really well as a team" and, "We understand each resident really well. We talk about their care, how we support them and (The provider) is always available to talk to if we need to."

People were supported to have a nutritious diet to maintain their health and well-being. The cook told us people could have what they wanted, there were two main dishes for each meal, but alternatives were always available, such as omelettes or sandwiches. They said, "It really depends on how they feel. We know what people like and dislike and we have regular meetings about the food, they make suggestions and we give them what they want." Staff asked people what they wanted for supper and there was a relaxed conversation between staff and people living in the home about their preferences between coleslaw and sweet pickle, both were offered with the meal. Fresh fruit was available in the entrance area at all times and people said they could eat this when they wanted to and some did.

Mealtimes were a sociable time for people and the atmosphere in the home was relaxed and comfortable. People sat where they liked, most sat in the dining room and three people chose to remain in their room. Staff gave out the meals in a calm and unhurried way; the dining room was well presented with tablecloths, napkins, cutlery, condiments, placemats and a menu board informed people of the choices available. Juices were offered during the meal, hot drinks after the sweet and people said they enjoyed their meals very much. People's specific needs were met. For example, one person with sight impairment used a plate guard and was able to eat independently and, people who had diabetes said there were enough choices in the menu for them to have food they liked that also met their healthcare needs.

People's weights were monitored monthly and recorded in their care plan. Staff said if they had any concerns they would contact their GP. Staff were aware of how much people ate and drank and when required additional calories were added to meals, such as cream and cheese and dieticians had been involved when people had lost weight.

People had access to healthcare professionals including opticians, district nurses, chiropodists and GPs as required. GPs visited the home if necessary although people also attended their surgery and hospital appointments when required. People told us, "I've had the doctor a couple of times here and once I had a fall, a while ago now and had to go to hospital but yes if you need a doctor you'll get one" and, "I've always got my hearing aids in and I see the chiropodist from time to time."

Is the service caring?

Our findings

People were very positive about the staff and the support they received. They told us, "They use ordinary language and are easy to talk to and down to earth." "I'm made to feel like a friend not just a resident, like a member of the family" and, "I have only ever been spoken to in a polite manner, as you'd expect to be spoken to and treated." Relatives said they had been made to feel very welcome when they visited their family member. One relative told us, "They always offer a drink when I arrive and we can see everyone is very well cared for." Staff demonstrated a good understanding of people's preferences and supported them to be independent and make choices.

Staff were kind and caring when they spoke to people. Staff used their preferred name; they listened carefully to people and responded in a friendly and cheerful manner when assistance was needed. A member of staff sat next to one person to ensure they could see their face as they asked, "Are you happy sitting there (Name of person)? Would you like me to adjust your chair a bit so you're a bit more comfortable? There is that better? Can I get you anything? Well just let me know if you do?" There was considerable conversation between people and staff that was not linked to personal care or support and, as staff walked by they said hello and asked people how they felt and if they needed anything. One person told us, "This lady here (Staff member) now she to me epitomises this place. She's my real person and knows how to chat to me, we have some lovely chats." There was a very pleasant conversation between them, with the member of staff thanking the person and the person saying, "Well it's true."

People were assisted to move around the home safely as they chose where they wanted to sit. Staff guided one person by holding their hands loosely and supporting them in a calm manner, chatting with them the whole time to reassure them and create more conversation. Two staff assisted one person to transfer from chair to wheelchair, with conversation and humour and afterwards the person said, "I feel safe in their hands, they know what to do." People sat in the entrance area, "To see what is going on," the conservatory, lounge and their own rooms, depending on how they wanted to spend their time. One person told us, "I like sitting here it is nice and quiet, the lounge is a bit loud for me with the TV on and I join the activities if I want to. It is very relaxed and comfortable, the staff are very good and I stay here when my family are on holiday. I wouldn't come back if I didn't like being here." Staff respected people's choices and asked for their consent before they provided support.

Staff protected people's privacy and dignity. They said they knocked on people's bedroom doors and waited for a response before they entered and we saw staff doing this. People said staff always asked if they could enter their room and had a good understanding of their needs. People told us, "You do feel that your room is your own and they treat it that way." "They always ask if they can do anything else" and, "I get some help to have a bath but other than that I'm pretty independent and I like to get on with as much as I can myself."

Staff had a good understanding of people's lives before they moved into the home and who was important to them. People were encouraged to continue with hobbies and interests of their choice and maintain relationships with people close to them and, relatives and friends were welcomed into the home at any time. One person told us their relative could visit at any time and a family member agreed, "There are no

restrictions on when we can visit" and, "Staff are always pleased to see us and ask us how we are and if we need anything."

Staff had attended equality and diversity training and people's individual needs and their choices were respected. For example, one person had been supported to bring their small dog to live in the home with them. Staff assisted them with walking and it was clear that people living in the home accepted this and no concerns were raised.

Information about people, such as care plans were kept secure in a locked cupboard. One member of staff told us, "We regard all the information about our residents as strictly confidential and we don't talk about our residents needs with anyone other than staff, the resident and their relatives, if they agree we can do that."

Is the service responsive?

Our findings

People said they liked living at Hankham Lodge. Two people told us they had chosen to move in as they lived locally and knew the home while others had been supported by relatives to make this decision, as they were living with dementia. People said they were involved in decisions about the support provided and staff told us they discussed people's needs with them daily and, with their relatives when appropriate. One member of staff said, "It is all about making sure they have the best lives they can when they live here, it is our job to do this." A relative told us, "The staff always tell us how our relative has been, what they have been doing and if they need anything. We feel supported as well."

People's needs had been assessed before they were offered a place at the home, to ensure staff could provide the support they needed. Relatives said staff had visited their family member and the deputy manager told us they collected as much information as they could from the person, relatives and health professionals. They said, "This is then used to start the care plan, which is developed as we get to know people better. Usually within a few days of them moving in."

The care planning system had been reviewed and changes made since the last inspection, with written records replacing the computer system used previously. One of the senior staff was responsible for writing the care plans for people when they moved into the home and, these were then allocated to staff to review and update monthly. There was evidence that people and their relatives had been involved in developing and reviewing the care plans and staff explained clearly how they supported each person to make choices and be independent. One member of staff told us, "Residents make decisions about all aspects of the support and care we provide and relatives and friends are also very involved, they are part of a resident's family and we rely on them if the resident has poor memory."

If people's health needs changed and they needed additional support, such as end of life care, staff said they would provide this so that they could remain at the home as long as possible, in line with their wishes and their relatives. The provider told us there had been situations when they had been unable to meet people's needs, although these were rare, and alternative placements had been found so that their needs could be met. For example, when a person's behaviour changed and affected their well-being and that of other people living in the home.

The support provided was recorded in the daily records; in particular if there had been any changes in a person's behaviour or if they felt unwell. The records included the actions staff had taken to support them and these were discussed during the handovers at the beginning of each shift. Staff said the handovers were very good and kept them up to date with people's needs. One member of staff told us, "So that we know if there have been any changes. Like if a resident had not been feeling well and if there are any appointments or visits arranged for that day." Staff demonstrated that they knew about people's individual support needs, they knew how people liked to spend their time and the activities they enjoyed. People felt that they exercised choice and independence throughout the day and they told us, "I like to go to bed about 9.30pm so that's when I'll take myself to bed." "There's no rules here about what you can and can't do. It's not like that" and, "There's no pressure put on you at all. It's always very relaxed."

A range of different activities were provided, based on people's interests and choices. A monthly programme was given to people, although this was flexible and staff said the activity was usually decided on the day depending on what people wanted to do. People told us, "We've been out in the garden all weekend it's been such lovely weather." "They put all sorts on for us (we were shown the activity sheet), everyone gets one of these." "There's a ukulele player and a singer, we have exercises regularly, quizzes and even a bit of Tai Chi recently but no one's forced to do it, it's just there if you want it" and, "I think there's some Easter baking coming up soon. " During the inspection four people played musical bingo and others joined them in the conservatory later to listen to music and, they clearly enjoyed this as they tapped their feet and sang along to some of the songs.

People who remained in their rooms said it was their choice to do so; they spoke consistently of being happy and comfortable and felt they had everything they needed to hand. People had personalised their rooms with their own possessions including pictures, ornaments and personal bedding. One relative told us they had brought in a number of photos and mementoes so that their family member was comfortable. One person had a clear view of the stairs and could observe people moving around the home; they enjoyed doing this and another person had an attractive view from their window, which they commented on and clearly appreciated. Staff asked people if they wanted to join in activities or sit in the dining room for meals, but three people preferred to stay in their room.

A complaints procedure was in place and had been given to people, and their relatives, when they moved into the home. The provider said there had been no complaints since the last inspection and people told us they did not have anything to complain about. People said, "It's all so good, I'm well looked after with no complaints" and, "I don't have any complaints, but if I did I could just talk to the staff. I am sure they would deal with it." Relatives said they had no complaints, but were confident if there were any issues the management would deal with them.

End of life care had been discussed with people and their relatives where appropriate and, this had been recorded in the care plans. Do not resuscitate forms had been discussed with healthcare professionals and completed by people or their relatives.

Is the service well-led?

Our findings

At our inspection on 8 and 16 December 2015 we found the provider was not meeting the regulations in relation to record keeping and the quality monitoring system was not always effective; as it did not enable the provider to identify where quality and safety were being compromised.

At this inspection we found improvements had been made and the provider met the regulation. However, further work was needed to ensure the quality assurance and monitoring systems were embedded into practice.

From our observations and discussions with people, relatives, staff, the deputy manager and the provider we found the culture at the home was open and relaxed. Care and support was focused on providing the support people living at Hankham Lodge needed and wanted. People and relatives said the provider was always available and they could talk to them at any time. One person told us, "You find everybody's approachable and easy to talk to here." Staff said they felt involved in developing the service, "With the residents and their relatives."

The registered manager had been on maternity leave since before the last inspection. The provider had sent in a notification to inform us that there had been a change of manager in August 2016 and that they had been managing the service and would be applying to register with the commission as the registered manager.

The provider had a quality monitoring system in place and there were a number of tick box forms for staff to complete to show care plans had been reviewed, daily records had been completed, appropriate personal care had been provided and also the activities that people had taken part in. However, we found that some of these forms had not been completed; some of the information in the care plans was not up to date and did not reflect the needs of people who had recently moved into the home; the daily records did not reflect the support provided and, additional information was needed in the protocols for PRN medicines. For example, a care plan for a person who had recently moved into the home contained very little information about their needs and there was no clear guidance for staff to follow to support them. Staff said this was because the member of staff responsible for this had been on leave. Staff demonstrated a very good understanding of this person's individual needs and explained how they provided the support they needed; although they agreed there should be a system in place to cover staff who are on leave. The provider said the care plans should clearly explain people's specific support needs, with guidance for staff on how to support people safely and they would discuss this with staff.

We recommend the provider seeks appropriate advice and training, with regard to record keeping and monitoring/auditing of records, to ensure they reflect people's needs and provide clear guidance for staff at all times.

The atmosphere in Hankham Lodge was one of a community that people, relatives and staff enjoyed being part of. Staff discussed their values and how important it was to support people to live the lifestyle they

wanted, as far as possible, and the ethos of the home was to involve people, relatives and staff in contributing to decisions about developing the service and meeting people's needs. People were very positive about the home itself, the staff and the support they received. They told us, "This is a lovely place, there's nothing they should offer that they don't." "It's all so good, I'm well looked after" and, "You find everybody's approachable and easy to talk to here." People said they thought that it was a well-managed and organised home and had been able to talk about the support provided as a group in the regular residents meeting. One person said, "We talk to the staff everyday about things and we can get together regularly to chat at the meetings if we want to." One meeting had been specifically arranged to discuss the meals and a number of suggestions had been put forward and introduced. Such as mild curry and rice, fisherman's pie rather than fish and chips and old fashioned puddings like jam roly-poly.

Satisfaction surveys were used yearly to obtain feedback from people living in the home, relatives, GPs and healthcare professionals and we looked at the results from 2016. The responses were very positive and suggestions for improvements were considered and changes made if appropriate. For example, people felt there should be more opportunities for trips out. The provider said they had discussed this with people and staff and when the weather improved they planned to allocate additional staff, once or twice a week, to take two to three people out so that over a month everyone would have the opportunity to do this if they wanted to.

There were regular staff meetings. Staff said they had attended the meetings and told us, "They are a good way to get together and talk about what we do, if there is anything we need to be aware of and to make suggestions." The notes showed that staff were kept up to date about any issues, such as the PIR being completed and that they could expect a CQC inspection at some time. Staff said they enjoyed working in the home and most had worked there for several years. They told us, "I love working here and I think we can provide the support people need." "(The provider) is very supportive and we can discuss or put forward ideas at any time to improve people's lives" and "We all work really well as a team, including the residents and their relatives."

The provider had informed us of important events that occurred in the home. For example, notifications had been sent in to let us know about issues with fire doors and the action they had taken to address them.