

Whitegates Retirement Home Ltd

# Whitegates Retirement Home

## Inspection report

Westfield Lane  
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East Sussex  
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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

We carried out an unannounced comprehensive inspection at Whitegates Retirement Home on the 19 and 20 May 2016 and we rated the service as requires improvement. We carried out this inspection on 15 August 2017 to ensure the provider had taken appropriate action and we found that improvements had been made.

Whitegates Retirement Home provides accommodation and support for up to 24 older people. Situated on the outskirts of the village of Westfield in East Sussex the home offers single rooms, two communal areas and a separate dining room. A lift enables people to access all parts of the building and there is a large garden with seating areas that is accessible to people using wheelchairs and walking aids. Some people were independent and needed only minimal assistance; others needed support with personal care and moving around the home safely. There were 17 people living at the home during the inspection.

The registered manager was present during the inspection. 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 15 August 2017 and was unannounced.

The provider had a quality assurance and monitoring system in place and a number of audits were used to assess the services provided. Such as audits of medicine records and care plans. However, these audits had not identified the areas where improvement was needed that we found during the inspection. There have been a lot of changes since the last inspection and although these have improved the care and support provided for people living at the home, additional work is needed to embed these into practice and ensure people's individual needs can be met.

A robust recruitment system was in place to ensure only suitable staff were employed. Staff attended relevant training, they had an understanding of people's needs and there were enough staff working at the home to provide the support people wanted. Staff had attended safeguarding training; they were clear about how to protect people from abuse and the action they would take if they had any concerns.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The management and staff had attended training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and were aware of current guidance to ensure people were protected.

People said the food was good, choices were offered and staff assisted people if required. A range of group and individual activities were provided, based on people's preferences, to participate in if they wanted to.

Staff supported people to see health and social care professionals when required. Records were kept of any visits, care plans updated with guidance for staff to follow to ensure any changes in support was provided.

Feedback was sought from people, relatives and staff through ongoing discussions, regular meetings and satisfaction questionnaires.

## 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 consistently safe.

Risk to people had been assessed and there was guidance for staff to follow to ensure people's safety.

There were systems in place to manage medicines and records were up to date.

Staff recruitment practices were robust, only suitable staff were employed and there were enough staff working at the home to meet people's needs.

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

### Is the service effective?

Good ●

The service was effective.

Training was provided to ensure staff had the skills to understand people's needs and provide the support they wanted.

Staff had attended training for Mental Capacity Act 2005 and Deprivation of Liberty and, they were aware of current guidelines and their responsibilities.

People were supported to maintain healthy diets and staff assisted people as required.

Staff arranged for people to see health and social care professionals when they needed to.

### Is the service caring?

Good ●

The service was caring.

Staff supported people in a kind and caring way and treated people with respect.

People were involved in decision about their care and their

consent was sought before staff provided assistance.

Relatives and friends and visitors were made to feel very welcome and people were encouraged to maintain these relationships.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's needs were assessed before they moved into the home to ensure their needs could be met.

Support provided was based on people's wishes and preferences.

A range of activities were provided and people decided how and where they spent their time.

A complaints procedure was in place and people and visitors knew how to raise concerns with management and staff.

### **Is the service well-led?**

**Requires Improvement** ●

The service not consistently well-led.

Quality assurance and monitoring systems were in place, but these were not consistently effective in identifying areas that needed to be addressed.

Staff were aware of their responsibilities and they were kept up to date and involved in developing the service through regular staff meetings.

Feedback was sought from people and relatives through monthly meetings.

# Whitegates 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 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.<sup>1</sup>

This inspection took place on the 15 August 2017 and was unannounced. It was carried out by two inspectors and an 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 reviewed all the information we hold about the service including previous reports, complaints, safeguarding concerns and notifications. A notification is information about important events which the service is required to send us by law. We looked at information provided by the local authority and contracts and purchasing (quality monitoring team). 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.

During the inspection we spoke with 10 people living in the home, two relatives and a visitor. We spoke with eight staff, including care staff, activity staff, the cook and the registered manager. We looked at a number of records; including five medicine administration records, four care plans, the recruitment records for three care staff, complaints, accident/incidents and safeguarding records. We also looked at the provider's quality assurance audits.

Some people who lived in the home were unable to verbally share with us their experiences of life at the home because of their dementia needs. Therefore we spent a large amount of time during our inspection observing the interaction between staff and people and watched how people were being cared for by staff in communal areas. We also 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 asked the registered manager to send us a copy of their activity programme, staff rotas, minutes of meetings and a number of policies and procedures, including complaints, safeguarding and medicine policies. They sent these to us within a few days of the inspection

# Is the service safe?

## Our findings

At our last inspection in May 2016 we identified improvements were required with regard to the management of risk, medicines given on an as required basis, the staffing levels and the health and safety of people if they used the garden. At this inspection we found that improvements had been made and safe systems were in place.

People said they were very comfortable living at Whitegates Retirement Home. They told us, "I am very happy here, I feel safe, the staff are lovely." "I'm quite happy here, I have never felt unsafe, the staff are very helpful and look after us well" and, "I like it here, I feel perfectly safe. The staff treat me well, they have so much patience. They're all very pleasant." Relatives were equally positive, one said, "I am very happy my relatives here, she is very safe and well cared for." There was a system in place to manage medicines and risk assessments had been completed for people who were responsible for their own medicines. One person told us they had their 'puffer' inhaler with them all the time, in case they needed it and, staff gave them their other medicines as prescribed. Staff said the staffing numbers had increased; there were enough staff to provide the support people needed and they had time to spend with people, "Just chatting."

Staff told us they had read people's care plans and demonstrated a good understanding of people's needs. People were encouraged to be independent and staff provided support so that people could take risks in a safe way. For example, people used mobility aids, zimmers or walking sticks. Staff ensured people had the appropriate aid and were aware of who was at risk of falls. Staff said they observed people as they moved around the home to ensure they were safe without restricting them. Risk assessments specific to each person were in place with guidance for staff to follow to reduce risk. These included mobility and risk of falls, communication, continence, eating and drinking and skin integrity to assess for the risk of pressure sores; with clear guidance for staff to follow to ensure risk was reduced as much as possible.

Risk assessments had also been completed for people who wanted to be responsible for their own medicines. If appropriate people kept their medicines in locked cabinets in their room, or with them if they preferred. Such as inhalers to assist with breathing. Medicines were ordered monthly, checked and stored in a lockable trolley and cupboards as required. The medicine administration record (MAR) charts contained photographs of people for identification purposes and any allergies they had. We observed staff as they gave out some of the prescribed medicines. Staff were focused on the needs of each person and showed good listening skills. For example, one person had changing levels of confusion, staff administered their eye drops sensitively and left appropriate time between drops for them to be effective. They talked with the person the whole time and used touch and tone to convey reassurance. Staff said senior care staff gave out the medicine and they had to attend medication training before they could do this and, their competency was assessed yearly by the registered manager.

People had 'as required' (PRN) medication sheet that included guidance on the use of PRN medicines with details of the person, the medicine and, the signs and symptoms that they may exhibit to indicate the medicine may be required. Staff told us, "We know that PRN medication is there for residents and it is written there in their notes. I ask the resident if, for example, they are in pain and for those people that can't

always tell me; we look for signs such a nod of the head." The registered manager carried out monthly 'drugs audit', to audit the stock of drugs and check the MAR to ensure the front sheet had appropriate information and that prescribed medicines had been given and signed for correctly. The pharmacy responsible for providing the medicines also carried out a yearly audit and from the one in 2016 we saw that action had been taken where improvements were needed. Areas that we pointed out needed to be addressed and were actioned during the inspection have been discussed in more detail in the well led section of this report.

There were sufficient staff to ensure people received the support they wanted and needed. People said the staff were very good and had time to stop and chat with them. They told us, "There are more staff now, it makes such a difference" and, "The staff treat me well, they have so much patience. They're all very pleasant." Staff said number of staff had increased since the last inspection. One member of staff told us, "We are not short staffed now and we have more time to spend with residents." The registered manager said the staffing levels had been discussed during meetings and they had identified that additional staff were needed at certain times of the day. For example, care staff hours had increased from 5pm to 8pm to cover supper and supporting people to get ready for bed and, an additional activity member of staff had been employed.

Since the last inspection improvements had been made to the garden paths to ensure they were fixed and did not move as people walked along them. Staff said the paths were more stable and people used the garden as much as they liked when the weather permitted. The home was clean and well maintained. Records showed that relevant checks had been completed internally. These included hot water temperatures and legionella, call bells and lighting and that the lifts, electricity and gas supplies and kitchen equipment were maintained by external contractors. Fire alarms were tested weekly, staff said they had attended fire training and were clear about how much support people would need if they had to evacuate in case of emergency. One of the staff was appointed the fire marshal on each shift and this was recorded on the board near the front door, near the grab bar that contained relevant information about people living in the home in case of emergency.

As far as possible people were protected from the risk of abuse. Staff said they had received safeguarding training and they demonstrated an understanding of different types of abuse. One member of staff said, "Safeguarding to me means that I have a duty to make sure the residents are safe and their needs are met. I have never had a concern since starting here but I would take it to the senior carers on duty or the manager. I know I can speak to anyone in the company." Another member of staff told us, "I have never had a concern while working here but the training in it has led me to understand the importance of, for example recording things like a bruise to the skin. I would document and report it to the manager and if I still wasn't happy I would consider whistleblowing." The provider had a whistleblowing policy and staff said they had read this and had no concerns about reporting anything to the registered manager, senior staff or the local authority.

Robust recruitment procedures were in place. Relevant checks on prospective staff's suitability had been completed, including two references and a Disclosure and Barring System (DBS) check. The DBS identifies if prospective staff had a criminal record or were barred from working with children or adults. Evidence of their residency in the UK had been obtained and application forms and work history had been discussed at interview. People had been asked if they wanted to be involved in recruiting new staff, although it the records we looked at people had chosen not to do this.

Accidents and incidents were recorded; the registered manager monitored these and audited them to ensure appropriate support was provided. Staff said they would inform the senior staff and fill in the appropriate forms; they would discuss what happened so that they could reduce the risk of a re-occurrence as much as possible.

## Is the service effective?

### Our findings

At our last inspection in May 2016 we identified improvements were required with regard to staff training to ensure they had a clear understanding of their responsibilities. At this inspection we found that improvements had been made and appropriate training had been provided.

People said staff knew how much support they needed. They told us, "They seem to know about us personally and our care needs, which is good." "They seem well trained and know my needs, they are very patient" and, "The staff are very good and treat me well." A relative said the staff understood each person's needs and, "They have regular training so know how to support people." People said the food was good and they could decide what they wanted to eat. A relative told us the meals were very nice and they could join their family member for lunch if they wanted to.

Staff were supported by the management to develop relevant skills to provide the care and support people wanted. Staff demonstrated a clear understanding of people's individual needs and how they would support people to, "Be comfortable and spend their time doing what they want to do." Staff said they had to complete all the training provided and, the training record flagged up when training was due and if staff had attended. An updated training record was provided following the inspection and this showed the training staff had completed. Including fire training, safeguarding, moving and handling, food hygiene, health and safety, first aid, infection control and dementia awareness. Staff said the training was very good and they were kept up to date with changes in social care. "For example, we were told that the KLOEs (Key Lines of Enquiry, that we use to assess the service we inspect) are changing and we have recently introduced equality and diversity training."

Staff had completed training and had an understanding of the Mental Capacity Act 2005 (MCA). The MCA aims to protect people who lack capacity and enabled them to make decisions or participate in decisions about the support they received. Staff had a good understanding of the MCA and people's right to make decisions and take risks and, the necessity to act in people's best interests when required to ensure their safety. Staff said, "Residents decide what they want to do, although some have dementia they can still decide things for themselves" and, "If they have been assessed as unable to make decisions then their family are contacted as some have power of attorney and can support their relatives."

Deprivation of Liberty Safeguards (DoLS), which is part of the MCA, is to ensure someone, in this case living in a care home, is deprived of their liberty in a safe and appropriate way. This is only done when people are unable to tell staff about their wishes and need support with specific aspects of their lives. Staff said the decisions about DoLS was only made during best interest meetings and agreed by relatives, health and social care professionals and staff, when there is no other way of safely supporting them. At the time of the inspection staff said they had not needed to apply to the local authority for a DoLS.

New staff completed induction training when they first started work at the home. Staff told us, "All staff have a three day induction course that includes fire procedures, incidents and accidents, moving and handling, continence care, personal care and first aid. For those new to care we require them to do the care certificate

and for them to then go on to develop and take the NVQ." "Those staff joining with experience we use elements of the skills for care self-assessment training and combine it with our mandatory training and these are also encouraged to consider diploma in care level two or three" and, "Everybody who has no experience is required to do the care certificate and currently we have three staff on it. I do the assessment element and senior care staff buddy them. Staff are able to bring their work books into work to complete it when they have time as it applies the learning to the workplace." Staff said the induction training was very good and if new staff needed more support this would be provided through supervision or additional training. For example, one member of staff told us, "I observed staff practice when moving and positioning which did not follow the training we had taught so we put the staff on training again in correct use of the equipment we use around the home; the hoist, stand aids and handling belt." Another member of staff said, "I do induction training for new members of staff. I have completed 'Living in my World' dementia training provided by Caring Homes (which provides staff with a better understanding of the support needs for people living with dementia). We also have the buddy system for new members of staff. As buddies we show them all the things they need to know and are a guide to them until they are comfortable to work independently."

Staff said they had regular one to one supervision, "To sit and talk about the support we provide, any training we might like to do so that we are sure we can look after people." Staff also told us the registered manager was available to talk to at any time, "Even at home we can ring and check something or ask for advice."

People said the food was very good. "Fantastic food, we get breakfast in our room, they ask us what we want." "The food is wonderful. There is a menu and we can have our favourite drink with our meal" and, "They are very good and always ask us what we think about the food." People chose where they ate their meals, most used the dining room for lunch, with breakfast and supper served usually in people's rooms. The day's menu was displayed at the entrance to the dining room and on each table for people to read if they wanted to. The food was fresh and home cooked and the 11 people using the lounge socialised and chatted to each other and staff during lunch. The meals were served by staff, who asked people how much they wanted and assisted with cutting up food or sitting with people and prompting them to eat. The tables were well presented with napkins and condiments, cold and hot drinks were offered and people were supported with different cutlery if needed. The cook had a good understanding of people's needs, including special diets, such as diabetic or pureed diet and, the cook joined people in the dining room to ask at each table if their food was ok. People said it was very good. People who preferred to remain in the room were supported to do so; although staff said they always asked them if they wanted to join people in the dining room, "It is up to them and we respect their choices." People were encouraged to have enough to eat and drink. Staff told us, "We keep an eye on how much residents eat and drink and if we think they are not eating enough we tell the seniors, manager and the GP if people lose weight" and, "We weigh residents monthly so we can see if people have lost weight. It all works together to make sure residents have enough to eat and if necessary they can have extra calories."

People were referred to health and social care professionals if required. GPs and district nurses visited the home and staff assisted people to attend appointments as required. Referrals were made through the GP to specific specialists, such as the Speech and Language Team (SALT) and, records were kept of any changes in support. These had been included in the care plans with guidance for staff to follow.

## Is the service caring?

### Our findings

People said they were comfortable and happy with the care provided. They told us, "They are very good. Can't fault them" and, "They know when I want private moments and respect that." A relative said staff knew people very well and were always made to feel very welcome when they visited their family member.

The atmosphere in the home was calm and relaxed. Staff treated people with respect; they used their preferred name and approached people in a kind and polite way. Staff said they had read people's care plans and had a good understanding of people's preferences; their interests and hobbies and how they liked to spend their time before they moved into the home. People told us the staff understood their needs and were very caring when they provided support.

Staff asked people if they needed assistance with personal care quietly and supported people to make choices. People were asked where they wanted to sit in the lounge and dining room and staff checked if they were comfortable and had everything they needed. It was clear that people and staff knew each other very well. They chatted together in a friendly way and laughed and joked with each other and, they involved other people in the conversations so that they did not feel isolated.

Staff respected people's privacy and dignity. One person said, "They always knock on the door and wait to come in" and, we saw staff knocked on the bedroom doors and waited to be invited in. Another person told us, "Staff respect my privacy and dignity all the time. When I first got here I didn't want the female staff helping me in the bath, they respected that and got the male staff member to help, but I don't mind now because they all show respect for your feelings." Staff said the care provided was based on enabling people to make choices and decide how much support they needed. One member of staff told us, "We put forward suggestions, but residents decide and we respect their decisions. These can change each day so we always ask them if the need support and offer help every time."

Relatives and visitors said staff were very welcoming. One relative told us, "They ask us if we want a drink when we arrive. All of the staff are very friendly and I think they provide the care that residents need" and, "The staff are approachable and very nice, I always get offered a cup of tea and biscuits. I can have lunch here too, which is very nice."

Staff said information about people was confidential, care plans and additional information was kept secure in the office. Staff told us they would not discuss people's needs with other people living at the home or relatives and friends. One member of staff said, "We refer anyone to the manager or senior staff if they ask anything about residents or the care we offer."

## Is the service responsive?

### Our findings

At our last inspection in May 2016 we identified improvements were required with regard to care plans and the support provided. At this inspection we found that improvements had been made, the care planning process had been reviewed and people and relatives were involved in decisions about the care provided.

A range of group and one to one activities were available for people to participate in if they wished and people said they were very good. One person told us, "We have two activities people who are very good. I join in most of the activities, I do enjoy them." Relatives said there was always something for people to do if they want to and, if they preferred staff left them to spend time on their own watching TV or reading. One relative told us, "It is up to them."

The provider had reviewed the care planning process since the last inspection. A computer based system had been installed and staff had started to use this just before the inspection. The information recorded in the written care plans used previously was being transferred and, daily records were completed using the hand held devices by senior care staff. One member of staff said, "It is much better, we just add the information on the mobile and it is linked directly to the computer in the manager's office. So he knows exactly what we are doing, which is really good." The registered manager said the system was set up so that he could monitor people's daily records remotely, including from home and, audit the care plans to ensure they were completed correctly.

The registered manager said people's needs had been assessed before they were offered a place at the home, "To ensure we can provide the support they need and, that they will be comfortable here." One person told us, while laughing, "The manager, he is lovely; he came to see me in hospital to decide whether they wanted me." These assessments were used as the basis of the care plans, which we found to include relevant information about people's individual needs and how these could be met. We looked at four care plans and observed staff completing the daily records. The care plans were set out to assess each person's care need, the outcome that the support aimed to provide and action for staff to take to ensure this is achieved. For example, personal care. Care need would be if the person needs assistance from staff, including prompting, with washing and dressing. The outcome would be for the person to receive a high standard of personal hygiene and to stay independent with the tasks they are able to do. The action included details of the person's ability to walk to the bathroom, including the walking aid they used and, how many staff were needed to provide assistance. Specific information was recorded for each person; for staff to know people's preferences and if they need prompting, such as for cleaning their teeth. The care plans looked at all aspects of a person's support needs and there was evidence that people and their relatives were involved in writing and reviewing them.

Staff had a good understanding of people's needs and spoke confidently about how they provided the support and care that people wanted. One member of staff said, "We have time to read the care plans now and know how much support people need." In addition, the handover at the beginning of each shift kept staff up to date with any changes in people's needs, particularly their mood and wellbeing, so that staff could offer appropriate care. Relatives were very positive about the support their family members received

and had been involved in decisions about the care provided and were kept up to date with any changes.

People told us they decided how much support they needed and staff respected their decisions about their day to day lives. For example, one person said, "I complained about my room when I arrived because of the noise from the room above, I was moved immediately, they respond very quickly to requests." People liked their rooms and had personalised them with ornaments, furniture and pictures of their choice. One person told us, "I like my room it is just how I like it and staff help me keep it very clean and tidy."

Two activity staff and care staff provided a number of different activities, depending on what people wanted to do. Group activities in the lounge on the day of the inspection were flower arranging and a card game. The activity staff and care staff supported people to sit at the table and participate if they wanted to and one to one activities were also offered to people who preferred to remain in their rooms. Staff said the activities provided were continually discussed with people and staff to ensure that they were based on what people wanted to do. People agreed with this and said they were asked for suggestions and what they liked to do and activity staff planned them to accommodate people's preferences. People told us, "I like the activities and join in most of them, they're good fun" and, "I like observing the activities, I like reading mainly but do enjoy the film afternoons." A newsletter kept people and relatives up to date with what was happening in the home, including the names of the people who had moved in and, the activities that were planned and important dates that month. Such as people's birthdays and, photos of specific celebrations. In July an open day was held in the garden, relatives and people from the local community were invited to attend. Each newsletter was slightly different and the one from August included a quiz. Afternoon films were very popular and there was a good selection of DVD's and CD's in the lounge. Activity staff had good rapport with people and, external entertainers were organised to ensure the range of activities was as diverse as possible. For example, falconry and pet pals.

A complaints procedure was in place and people and relatives knew how to make a complaint. People told us they did not have any complaints and if there were any concerns they would talk to the staff. Relatives also said they did not have any issues, but if they did they were confident the staff would deal with them.

## Is the service well-led?

### Our findings

At our last inspection in May 2016 we identified improvements were required with regard to records, including care plans and accident records. At this inspection we found that improvements had been made although some of the changes had been introduced just before the inspection and time was needed to ensure they were embedded into practice and staff were confident with them.

The provider had a quality assurance and monitoring system in place and audits had been carried out by the registered manager and the provider and, improvements had been made. However, we identified areas that had not been picked up by the audits process. For example, the MAR for one person did not have a photograph to assist staff to identify them. This is important if the person was living with dementia and may be unable to verbally tell staff their name and, was in contravention of the home's own policy. The care plans did not consistently reflect people's needs when they changed. One care plan stated that a person walked with a zimmer, and although they liked to walk about they were at risk of falls and the care plan stated staff should observe them to reduce the risk. We saw that the person was walking around the home, using a stick at times. Staff said the risk of falls was much reduced and staff no longer observed them, although they were aware of where the person was. Staff said they information in the care plans was being updated as they transferred the information to the computer, but there was no evidence to support this. One person had been assessed by SALT as needing pureed meals. The supper offered to people was such that it could not be pureed; staff asked the senior care staff for advice and were told to puree vegetables. This was not a nutritional meal and staff said the pureed meals in the evening were often like this. We spoke to the registered manager about this and they said there was no reason for the pureed meal to be unsuitable as there was enough food for staff to provide a good meal. They told us they would look into this and ensure staff were trained to provide appropriate dietary support.

There had been a lot of changes to the service since the last inspection, which had improved the care and support provided for people. However, there were areas where additional work was needed to ensure all aspects of the services were appropriate and met people's individual needs. The registered manager said the areas we discussed during the inspection would be addressed immediately.

People said the home was well run, it is, "Always clean and tidy and staff seem to know what they're doing." The registered manager, "Is always here so you can see him anytime" and, "I can go to the manager anytime and I know he will listen." Residents meetings were arranged for the last Friday of each month and, people were encouraged to attend them if they wanted to. One person told us, "We have meetings so we can make suggestions, or complain, but I don't have any complaints." The minutes of meetings showed that feedback was sought about the activities provided since the previous meeting and people were invited to raise any topics for discussion. One person asked for smaller drinks glasses, as the one currently in use were too heavy for some people to lift. This was actioned following the meeting and smaller glasses were ordered.

Staff were aware of their roles and responsibilities and regular staff meetings kept them up to date with any changes. The minutes from the meetings showed that staff discussed their practice, such as how staff were allocated to provide afternoon teas; resident's laundry and a new award for staff of the month was to be

introduced. Staff said the meetings were very good and they were able to talk about any issues, put forward suggestions and clarify anything they were not sure of.