Brightwell Care Limited

Stanton Court

Inspection report

Stanton Drew
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Date of inspection visit:
17 July 2018

Date of publication:
28 August 2018

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

We undertook an unannounced inspection of Stanton Court on 17 July 2018. When the service was last inspected in June 2017 the service was rated as Requires Improvement. The service had made changes in previous areas identified. At this inspection it was rated as Good.

You can read the report from our last comprehensive inspection, by selecting the 'All reports' link for Stanton Court, on our website at www.cqc.org.uk

Stanton Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Stanton Court provides nursing and personal care for up to 36 older people. At the time of our inspection there were 24 people living at the service.

Stanton Court is set in a rural location in the village of Stanton Drew. The service is a grade two listed building set over three floors. A conservatory at the rear of the service overlooks the large mature garden.

A registered manager was in post at the time of 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.

At our last inspection in June 2017 we found the service required improvement as care plans were not always person centred, pressure care was not always managed effectively and management structures had been unstable. An action plan had ensured these areas had been addressed and improvements sustained. A thorough audit system ensured the quality of care and support people received was regularly monitored and reviewed.

People enjoyed the activity provision provided by the service and the links established with the local community. People had access to safe and pleasant outdoor areas. People gave positive feedback about the food provided by the service and individual needs were catered for.

Medicines were managed and administered safely. People were supported by a consistent and motivated staff team. Staff felt valued and supported. Staff received effective induction, supervision and training to ensure they were skilled and competent in their role.

People were supported by staff who kind and caring. People had developed positive relationships with staff members. People told us there was a happy, friendly and homely atmosphere at the service. People were supported and encouraged to remain independent. Visitors were welcomed and involved in the service.

Care plans were person centred. The service was responsive to people's care and support needs. People's

individual preferences and routines were respected. People were supported with their nutrition and hydration and healthcare needs and additional support sought when required.

Consent to care and treatment was sought in line with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards requirements were being met. Risk assessments were in place to minimise known risks. Accidents and incidents were reported and recorded. A system ensured actions were taken and steps taken to prevent reoccurrence.

The environment and premises were regularly checked, cleaned and maintained. The service continued to refurbish and upgrade the environment and premises. New equipment had been purchased to support people's safety and promote people's dignity.

The service was well led and managed. People, relatives and staff were encouraged to give feedback and suggestions about the service to ensure continual improvement. The registered manager was visible and approachable. Complaints were managed effectively and people and relatives felt comfortable in raising any concerns. The provider had clear oversight of the service. Staff and management told us they were well supported by the provider.

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.

Staffing levels were safe and consistent.

Medicines were administered safely. There were systems in place to ensure safe medicines management.

Incidents and accidents were monitored and reviewed comprehensively.

Is the service effective?

Good

The service was effective.

People's consent to care and treatment was sought in line with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards requirements were being met.

Positive feedback was received about the food provided at the service which supported people's nutritional and hydration needs.

People had good access and support to healthcare services.

Staff were supported through effective induction, training and supervision.

The environmental adaptions in progress supported people's individual needs.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and motivated.

The atmosphere of the service was friendly and homely.

People's privacy, dignity was promoted and confidentiality policies adhered to.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and contained people's life stories.

Positive feedback was received about activity provision.

Feedback was sought and actioned from people and relatives.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff told us management were approachable, visible and contributed to the homely atmosphere of the service.

Effective systems were in place to monitor and improve the quality of care.

There was a positive staff culture. Staff felt valued and supported.

The service had established and was developing further links within the community.

Stanton Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection 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 uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us.

Some people at the home were not able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the home. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not speak with us.

During the inspection we spoke with ten people living at the home, seven relatives and ten staff members. This included the deputy manager, manager and regional managers. We spoke with one health and social care professional. We reviewed four people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Good

Is the service safe?

Our findings

People and relatives said the service was safe. One person said, "I feel safe here both day and night, always plenty of people around to keep me that way." A relative said, "My family member is really safe here. There are plenty of staff around. I never go home and worry about [Name of person]."

The service had followed appropriate recruitment process before new staff began their employment. Staff files showed photographic identification, a minimum of two references, full employment history with gaps in employment clarified, right to work documentation and a Disclosure and Barring Service check (DBS). A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people. We highlighted to the registered manager that the recruitment checklist in place had not been completed for all staff members. The registered manager said this would be addressed.

We reviewed the staffing rotas from the previous three weeks and saw that the number of staff was consistent with the planned staffing levels. The service did not use any agency staff which ensured people received consistent care. People, relatives and staff spoke positively about the staffing provision at the service. One person said, "Enough staff around here all of the time." A relative said, "Plenty of staff here, they are well trained and know what they are doing." We observed that staff were present in communal areas and were attentive to people's support needs.

Staff received safeguarding training as part of their induction and regular refresher training thereafter. Staff demonstrated sound knowledge about the different types of potential abuse. Staff we spoke with were clear on the services' policies and procedures for safeguarding concerns and whistleblowing. One staff member said, "I would tell [Name of manager] of any concerns. I would also document my observations." Safeguarding concerns were reported to the appropriate agencies. A plan was completed so that actions were taken following a safeguarding concern to reduce risks to people. These were reviewed to ensure measures implemented were effective.

People had individualised risk assessment in place. This covered areas such nutrition, skin integrity, hoists for transfers, choking, falls, use of bedrails and use the of paraffin based creams. Risk management plans for each identified risk detailed how staff should support people safely and the measures taken to keep risks minimal. Risk assessments were reviewed monthly to make sure they were up to date and reflected the person current needs. Since our last inspection in June 2017 systems had improved to include checks that ensured air mattresses were correctly set for people.

Medicines were managed safely. Medicines were stored securely in medicines trollies. The temperature of the medicine fridge and storage areas was monitored daily. This ensured medicines were stored at the correct temperature. Medicines Administration Records (MAR) contained information such as known allergies and the person's GP. A photograph of the person was included to aid identification. People's medicine history was listed. Therefore, it was clear when medicines had started or stopped being administered. Protocols were in place for as required medicines. These gave clear guidance about what the

medicines were for, how the person could communicate they may require them and how to assess if it had been effective. These protocols were regularly reviewed.

An external pharmacist audit had been completed in July 2018. Actions had been taken or were in progress from this assessment. This included completing body maps so that there was clear guidance in place for where topical medicines were to be applied and recording the reason as required medicines were administered. Medicines that required additional storage in accordance with legal requirements had been identified and stored appropriately. A random check confirmed registers of these medicines matched the stock numbers held. Daily checks of these medicines were conducted. Medicines that were time critical were highlighted at the front of the medicines file. One person said, "I have Parkinson's it is important I get my tablets on time, they bring them to me all of the time." Another person said, "I get my tablets on time every time." Systems were in place to regular monitor and check all areas of medicine management. Staff completed a medicines assessment to ensure competency before administering medicines unsupervised. A system was in place to manage medicine errors should they occur. This has not needed to be utilised.

Procedures in place to manage, report and review accident and incidents were comprehensive. Accident and incident records were detailed and thoroughly completed by staff. This included a clear description of what had occurred, the immediate action taken in response and the further action implemented to ensure lessons were learnt and risks reduced. Accident and incident forms indicated where people had wished for a relative to be notified and when this had occurred. Records also showed when external agencies such as the local safeguarding authority or the Care Quality Commission had been notified. Following an accident or incident a post incident observation form was completed. This monitored the person at one, two, four, six, 12, 24 and 48 hours after an incident. This enabled for any changes in the person's health or well-being to be identified and actions taken accordingly. Accidents and incidents were monitored and reviewed monthly to enable any patterns or trends to be identified and to ensure actions taken had been effective.

Infection control policies and procedures were in place and adhered to. Safe systems were in place for laundry and soiled items. Staff told us how the refurbishments made within the service had contributed to ensuring a safer, cleaner environment for people. For example, the new flooring that had been laid in some bedrooms and new carpet on the stairs. Staff were observed wearing appropriate personal protective clothing such as gloves and aprons. Staff told us how the provider had invested in new equipment to ensure infection control risks were reduced. For example, everyone had new hoist slings to minimise cross contamination risks. Regular audits were completed of the laundry, bedrooms, mobility equipment and bathrooms.

People and relatives commented how clean and pleasant the service was. One person said, "This place is very homely, clean and tidy." One relative said, "I come in at all times different times of the day, it is always so clean and tidy and never smells. They are really doing it up now." Rooms and communal areas had been repainted and refurbished. People said how they liked the upgrades being made to the environment. A refurbishment plan detailed future planned worked.

Risk assessments were in place for the environment and safe working practices. For example, around electrical equipment, the garden and window safety. Regular checks of the environment, premises and equipment were conducted to ensure they were safe for the intended purpose. The lack of radiator covers in some areas of the service had been identified by the provider and was being addressed within the refurbishment plan. Mobility equipment was now safely and neatly stored which reduced access and trip hazards. Staff said that that provider was supportive in ensuring the service had the necessary equipment to support people safely and comfortably. A business continuity plan was completed and reviewed regularly. This detailed procedures to follow in the event of an adverse situation such as poor weather or a utility

failure.

Staff were clear on the procedures they should follow in the event of a fire. Risk assessments were completed and regular checking and servicing of fire safety equipment. Such as fire doors, emergency lighting and extinguishers. regular fire drills took place. Where drills identified further learning requirements, actions were taken to address these needs. For example, staff were given more training on the fire alarm control panel. An individual emergency evacuation plan was in place for people.

Good

Is the service effective?

Our findings

The service was effective. People told us that they were provided with effective care and support. A relative said, "This is a very good home, I cannot fault the care here."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's consent to care was sought in line with legislation and guidance. In the care records we reviewed, assessments had been conducted to establish people's capacity to consent to specific areas of their care. Such as medicines, night checks, personal care and safety systems. Where people lacked the capacity to make a decision, a best interest decision was made involving relevant people such as the GP or relatives. These decisions considered knowledge and history about the person and their preferences. We highlighted to the manager that multiple best interest decisions had been completed on the same day for some people. This could be overwhelming for people. The manager said this would be considered in the future.

People's consent to care was sought. One person said, "The staff do nothing without asking first, they always make sure you agree to everything." Another person said, "They ask me how I like things done." We observed staff offering people choices and asking people's consent. For example, about what they would like to drink, where there would like to sit and what they would like to do.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager monitored DoLS applications and authorisations. Three people currently had authorised DoLS. No conditions were attached to these. Appropriate applications had been made where required. Staff we spoke with knew who had an authorised DoLS in place.

People had access to additional healthcare. Records were kept of appointments with the GP, hospital and district nurses. Outcomes and actions required were documented. The service had established good relationships with healthcare professionals. Where people were unable to attend external services, alternative arrangements were made. For example, the service had organised for a dentist to visit people. One healthcare professional who had regularly visited the service over a period of time commented how much the service had improved and gave positive feedback about the service. They said, "People are well cared for. It is really very good. It is calm and settled. It is well organised. All actions are completed and there is good communication." Relatives told us that people were well supported with their healthcare needs. One relative said, "My family member is seeing the audiologist next week, the chiropodist came last week." Another said, "Last week [Name of person] had a bad turn, the staff were onto it straight away, they got the

doctor and rang me, the doctor has come three times since then, the staff are wonderful."

We received extremely positive feedback about the food provided by the service. People said, "The food is excellent all of the time," "The food is very good all of it, you get a good choice If you don't like what's on offer they will get you something else, at night if I am hungry they will bring me a drink and a snack" and "I get plenty of choice about what I want to eat, they tell me what's on offer, I pick what I want, they must be very good at preparing, the food is brilliant." A relative said, "I have eaten here the food is very good, compliments to the cook."

People's nutrition and hydration needs were monitored and reviewed. Each person had a nutritional risk assessment and were weighed monthly. People's preferences and dietary requirements were documented in their care plan. This information was shared with kitchen staff and they were informed of any changes so that they could adjust people's meals accordingly. The chef had daily contact with people to offer alternative choices and meals prepared with people's needs on that particular day. We observed that people were supported to eat meals at their own pace. Staff ensured the specific details of how people preferred their meal was asked. For example, if people wanted salt and pepper or other condiments. Staff ensured mealtimes were a social experience by taking time to chat with people.

Staff told us they completed an induction before they began working at the service and this was confirmed in the records we reviewed. The induction was aligned with the Care Certificate. The Care Certificate is a modular induction which introduces new starters in health and social care to a set of minimum working standards. The induction consisting of orientation to the service, mandatory training and shadowing experienced staff members.

Training was received by staff in areas such as fire safety, food and hydration and infection control. We reviewed the training records and found staff training was up to date. A system was in place to manage refresher training on an ongoing basis. Staff spoke positively about the training they received from the provider. One staff member commented the training was, "Very good." The provider facilitated staff to engage in further training and qualifications in health and social care. For example, staff who had champion roles were received relevant training in these areas.

Supervision was held with staff on a regular basis. Supervision is where staff meet one to one with their line manager to discuss their performance and development. Staff told us that the supervision they received was beneficial. One staff member said, "Supervision is supportive and useful. We reflect on our way and suggestions are made of different ways of doing things."

Improvements had been made and were continuing to ensure the environment met people's needs. A programme of room refurbishment was in progress. Rooms that had been refurbished were modern, bright and homely in their décor. Ensuite facilities had been added to promote privacy and dignified personal care. One person said, "I am very happy here. I have a lovely room." Doors were labelled to orientate people with written signs and picture symbols. For example, the bathrooms, linen cupboards and individual's rooms. Furniture in refurbished rooms supported people's comfort, well-being and healthcare needs. For example, one person said, "This chair is supplied by the home. It is very comfy and it is good as it keeps my leg raised."

Improvements were also being made to the front and garden areas. This was to make these areas more accessible and to ensure people could enjoy the surroundings fully. One staff member said, "People go out and use the garden. We play games out there and have ice-creams." A person said, "We sit outside when it is sunny." An entry code system had been installed to enable more effective access for people and visitors.

This meant that when there was no one available in the reception area to answer the door people could independently gain entry.

Good

Is the service caring?

Our findings

People had good relationships with staff, who were kind and caring. One person said, "Staff are kind and caring towards me and everyone else." A relative said, "The staff are kind and supportive, they are brilliant"

People told us that staff had time to deliver care in the way they preferred. One person said, "Everyone here is very caring, kind and polite they take time to listen to me." Another person said, "They [staff] come and sit with me when they can and listen to what I have to say." We observed staff spending time with people, asking people how they were and discussing topics of personal interest. We observed friendly and appropriate humorous interactions between people and staff. There was chatter, singing and laughter throughout the day. For example, a staff member had wrongly described the dessert to some people. People joked about with the staff member when they apologised to them for getting it wrong.

People told us their dignity and privacy was respected and maintained. One person said, "All of the staff, everyone of them is very kind, before they come into my room they always knock on the door." Staff described examples about how they promoted people's privacy. For example, by closing the door and curtains when delivering personal care.

People told us the atmosphere of the service had a family feel and was welcoming. One person said, "Everyone is nice and kind, one big happy family." A relative commented, "Everyone is kind and compassionate towards everyone here, it's like a family."

Staff we spoke with were motivated and enthusiastic about their roles. Staff spoke with passion about the care they provided. One person said, "Nothing is too much trouble for them [referring to staff]." One relative said, "The staff are all caring they seem to want to be here, it's not just a job." Another relative commented, "The staff are caring and kind and seem to go the extra mile for the residents"

Visitors were welcomed at the service. One person said, "I have a lot of people come to see me, we go into my bedroom sometimes." Another person said, "My family come everyday we sit outside when its sunny." A relative said, "The home is very welcoming and they try and make sure everyone feels at home."

Staff we spoke with were clear about confidentiality applied to their role. One staff member said, "Confidentiality is not sharing information we are told about a person without their permission and not sharing information about the home outside the service." We observed that staff upheld confidentiality policies by ensuring they shared information in a private area with other staff members.

People were supported to be independent. For example, people were encouraged to move about the service. People had pendant alarms so they could call for assistance if needed wherever they were within the service.

Good

Is the service responsive?

Our findings

At our last inspection of the service in June 2017 we found care plans did not always contain important personal information and life histories. At this inspection we found the provider's documentation was fully completed and embedded in the service provision. Care plans gave information about people's previous employment, family and friends, places they had lived and interests. It included subjects that may distress people or evoke upsetting memories. This information enabled meaningful interactions and engagements between people and staff. In some people's rooms information and pictures were displayed to remind and share details of important people, events and places. For example, people's pets, holidays and relatives.

Care plans were in place for health conditions, personal care and supporting people's mental well-being. Care plans gave guidance to staff deliver care in people's preferred way, strategies to support people effectively and observations to be made. For example, on person's care plan in regard to their diabetes it informed staff of signs and symptoms to be aware of and when action should be taken. Care plans were reviewed monthly. Relatives told us they were involved in care plans reviews as people wished. One relative said, "I attend regular reviews of the care plan on [Name of person."

Care plans were individualised. They gave information and guidance about people's preferences and routines. This included people religious and cultural needs. One care record we reviewed said, 'Likes to shower twice a week.' It then detailed specific guidance on how the person liked their shower. Another care plan stated, 'I like to rise at 7am' and then described the person usual morning routine. For another person who preferred not to have a set routine their care plan said, 'Has variable bed times, will ask when ready to go to bed.' How people liked to express themselves for example through clothing, jewellery or hairstyles was described.

People told us about the improvements in the activity provision provided. One person said, "The activities are really good, I never get bored always something to do here nowadays." A timetable was displayed of upcoming activities and an individual copy was given to each person. Activities included games, arts and crafts, gardening, films, entertainment such as singers and dancers and religious services. We observed that people were given one to one time with the activities co-ordinator and communal activities were also facilitated. A relative said, "Everyone attempts to make people's lives as enjoyable as possible."

People and visitors had access to the complaints procedure and said they would feel comfortable raising any issues. The service had received four complaints in 2018 and had investigated these fully. Actions the service had taken to improve the service following a complaint had been recorded and completed. One person said, "I have no complaints at all, the manager comes around I can always speak to them." A relative said, "The care here is first class, what is there to complain about? Nothing, but if there was I could go and see the manager anytime." Another relative said, "I know how to raise a complaint or bring any issues to the attention of the management, but things are so good here now, never felt the need."

People and relatives were encouraged to be involved, engaged and provide feedback about the service. Regular meeting were held with people and relatives. One person said, "We get together every month." A

relative said, "I attend meetings every month." Meetings shared news about the service. There was an agenda that covered areas such as meals, staffing and refurbishment. Progress on previous suggestions was fed back.

The service responded to people's individual needs and worked to ensure the service felt like people's home. One person said, "The home is like my own home." Another person had been supported to bring their pet to the service, which lived in the grounds. Staff supported the person to care for their pet. Another relative said, "[Name of person] loves my dog, they [the provider] let me bring it in everyday to see him."

Documentation provided by the service was available in larger format or other languages to ensure it was accessible to people. People had an allocated named staff member, a picture and a short narrative about this staff member was displayed in the persons room. In addition, all of the staff had a picture displayed in the reception area. This enabled people whom may be living with dementia to recognise people working at the service.

People's end of life wishes were detailed if people wished within their care plan. The service had created a 'Comfort box.' It provided items to support, calm and comfort people at the end of their lives. It also had items to support family and friends if they needed to unexpectedly stay with their relatives. The registered manager told us family members could stay at the service to be with their loved ones at the end of their lives.

Good

Is the service well-led?

Our findings

The service was well-led. The service now had stable management in place. Systems and processes were embedded and enabled quality care to be delivered.

Since our last inspection of the service in June 2017 a registered manager was now in place. People, relative and staff spoke highly of the registered manager and how their input ensured the service was homely and well managed. One person said, "The home is a happy place, the manager is very approachable, they come and see us every day." A relative said, "The manager is open, approachable and supportive, you can offer your opinions to them at any time, they are always happy to listen." A staff member said, "The registered manager is approachable, fair, open and listens. They are helpful and a good manager."

Staff told us that working at the service was rewarding and they felt valued and supported by the provider and registered manager. One staff member said, "I am proud to work here. I love working here." Staff said they worked well as a team. One staff member said, "We are united, we work together to give good care."

Care 'Champions' in different areas of care and support had been introduced. These included champions of dignity and care, equality and diversity and manual handling. Staff had undertaken additional training, had particular responsibilities and were a point of contact for other staff members. Staff spoke positively about the champion roles. One staff member told us how it had been beneficial for their personal development and how they enjoyed the additional responsibility.

The provider's values were displayed around the service on posters and within a leaflet, entitled 'WeCare.' These described what the provider's values were and why they were important in shaping the service and care people received. Staff were aware of the provider's values and gave examples of how they promoted them in their everyday work. One staff member said, "The values are to make people happy and comfortable, for people to enjoy life and have proper care."

There was a comprehensive system of audits to monitor and review the quality of care. Audits were completed in areas such as care plans, call bells, medicines, wound care, infection control and health and safety. Each audit was specifically tailored for the area it was monitoring to ensure the information needed to make improvements was analysed. The registered manager completed a monthly audit which covered all areas of the service. These ensured areas such as incident and accidents, nutrition and hydration and the environment were monitored and checked.

In addition, the provider completed regular audits. These monitored the premises, care and support, safeguarding, staffing and training and quality management. These audits observed staff practice and monitored people's experiences of living at the service. Actions from all audits were recorded and these were monitored for completion. This made sure the service continually identified and made improvements. An action plan of areas highlighted from the last inspection of the service in June 2017 was in place. This demonstrated the actions that had been taken and ensured changes had been sustained.

The service had established relationships with the local community. The local primary school had a vegetable patch in the garden. We observed this being utilised by the children during the inspection. People had been supported to participate in a local flower show. The service was also hosting a garden party later in the year, where the local community would be invited. The service left? flowers on the door steps of nearby houses along with a getting to know you card to forge relationships. Volunteers for the service were being advertised and sought.

The registered? manager facilitated regular staff meetings. These were well attended by staff. Information was communicated and discussed. For example, around staffing, health and safety, administration processes and peoples' care. Staff told us they could raise items. One staff member said, "We can contribute in meetings, they are very open." Additional meetings were held for clinical staff. Daily handovers took place to communicate key information to staff members. Staff also carried pocket sized quick reference guides to key areas of care such as MCA, safeguarding and foods and fluid.

Communication systems were in place for relatives and other interested people. A newsletter was produced which shared and celebrated information about the service. A relative said, "The management and staff are very good at being supportive towards both the people who live here and us the relatives."

The service sought feedback to enable to the service to continually improve. A suggestion box was located in the entrance for anyone to leave comments. In addition, surveys were available for people, visitors and professionals to complete. Recent surveys had positive results. Comments included, 'It is like my home' and 'Excellent food.' Actions were taken from comments and results. For example, people had wanted better activities provision and this had been addressed and people did not like the new brand of coffee purchased. Therefore, the previous brand was reverted to.

The registered manager understood the legal obligations in relating to submitting notifications to the Commission and under what circumstances these were necessary. A notification is information about important events which affect people or the service. The registered manager had completed and returned the Provider Information Return (PIR) within the timeframe allocated and explained what the service was doing well and the areas it planned to improve upon.