

Eastbourne Grange Limited

Eastbourne Grange

Inspection report

2 Grange Gardens
Blackwater Road
Eastbourne
East Sussex
BN20 7DE

Tel: 01323733466

Date of inspection visit:

06 June 2016

09 June 2016

Date of publication:

21 July 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 inspected Eastbourne Grange on 6 and 9 June 2016. This was an unannounced inspection.

Eastbourne Grange provides personal care and accommodation for up to 21 older people. There were 16 people living at the home during the inspection. Most people were independent and needed minimal assistance. Others required some assistance with looking after themselves with personal care and moving around the home and staff provided end of life care.

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.

At the comprehensive inspection on 2 March 2015 the overall rating for this service was requires improvement. The inspection found improvements were required in relation to the management of medicines and there was no registered manager in place.

The provider sent us an action plan and told us they would address the issues by 30 June 2015.

During our inspection on 6 and 9 June we looked to see if improvements had been made and a manager had been appointed. We found improvements had been made and the provider was now meeting the regulations and a registered manager was in place.

Staff had attended relevant training including moving and handling people safely, although we saw they did not use appropriate aids to assist a person to sit up in a chair and they were available.

People were assessed before they moved into the home to ensure staff could meet their needs and care plans were developed for this information. Care plans were reviewed and people and their relatives were involved in discussions about the care and support provided.

Staff understood people's needs and provided the support and care they wanted in a kind and patient way. Risk assessments had been completed to identify where people may be at risk. Staff demonstrated a clear understanding of the steps that were in place to ensure risk to people was reduced, whilst enabling them to make choices and be as independent as possible. One person told us, "They have taken a risk assessment of me and I can go anywhere (into the town)."

Staff had attended safeguarding training, policies were in place and staff had a clear understanding of abuse and what action to take if they had any concerns. Medicines were managed and given out safely and assessments had been carried out if people wanted to be responsible for their own medicines.

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. DoLS applications had been when requested to ensure people were safe and the registered manager was waiting for a response from local authority.

People said the food was very good, choices were provided and drinks and snacks were available throughout the day. Systems were in place to monitor the amount people ate and drank, to ensure they had a nutritious diet, and staff contacted the GP if they had any concerns.

There were enough staff to provide the support people needed and the recruitment procedures ensured only suitable people worked at the home. People said the staff were very caring and, "You only have to ring the bell and they come quickly." There was a relaxed atmosphere in the home, people said they were comfortable and were confident if they had any concerns the staff and manager would address them.

Quality assurance and monitoring systems were in place, questionnaires were given to people living in the home, relatives and visitors, and staff to obtain feedback about the services provided. An audit system was in place and looked at all areas of the support provided, including the care plans, medication and meals, and the maintenance of the home.

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 not consistently safe.

Staff did not follow the providers procedures when the assisted a person to sit up in a chair.

Risk to people had been assessed and managed as part of the care planning process and there was guidance for staff to follow.

People were cared for by a sufficient number of staff and recruitment procedures were robust to ensure only suitable people worked at the home.

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

The premises were well maintained and people had access to all areas of the home.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff had attended fundamental training and had a clear understanding of people support needs.

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

People were provided with food and drink which supported them to maintain a healthy diet.

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

Good ●

Is the service caring?

The service was caring.

The registered manager and staff approach was to promote independence and encourage people to make their own decisions.

Good ●

Staff communicated effectively with people and treated them with kindness and respect.

People were encouraged to maintain relationships with relatives and friends. Visitors 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 the support was personalised and based on the care plans, which were reviewed and updated when people's needs changed.

People decided how they spent their time, and a range of activities were provided depending on people's preferences.

People and visitors were given information about how to raise concerns or to make a complaint.

Is the service well-led?

Good ●

The service was consistently well-led.

Quality assurance and monitoring systems were in place to identify areas where improvements were needed and action was taken if needed.

There were clear lines of accountability and staff was aware of their roles and responsibilities.

People, relatives, visitors and staff were encouraged to provide feedback about the support and care provided.

Eastbourne Grange

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 6 and 9 June 2016 and was unannounced. The inspection was carried out by an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service.

We looked at information we hold about the home including previous reports and the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at complaints, notifications and information from the local authority and safeguarding. A notification is information about important events which the home is required to send us by law.

As part of the inspection we spoke with 12 of the people living in the home, one relative, five staff, the cook, registered manager and provider.

We observed staff supporting people and reviewed documents; we looked at four care plans, medication records, four staff files, training information and some policies and procedures in relation to the running of the home.

Some people who lived in the home were unable to verbally share with us their experience of life at the home, because of their dementia needs. Therefore we spent a large amount of time observing the interaction between people and staff, and watched how people were cared for by staff in communal areas.

Is the service safe?

Our findings

At our last inspection on 2 March 2015 the provider was in breach of Regulation 12 (Safe care and treatment). We saw medicines were not given in line with the provider's policy in relation to supporting people with their medicines. Some risk assessments did not include specific details about people and the choices they made to look after their own medicines. Such as checking that prescriptions given to people who saw their GP independently had been obtained by the staff and assessed as being given by staff or people being responsible for them.

An action plan was submitted by the provider that detailed how they would meet legal requirements by 30 June 2015. At this inspection we found improvements had been made and the provider is now meeting the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding the management of medicines.

People agreed that they were safe and secure at Eastbourne Grange. They told us, "There are no dangers here." "I feel safe because the staff are always around. You can leave anything in your room and when you return it will still be there safe and sound." "My bell keeps me safe" and, "I feel safe they are hot on security here. One or two of us have fobs to let ourselves in and out.

However, despite the positive feedback we found one issue which could impact on people's safety.

All but the most recently appointed staff said they had attended training in moving and handling people safely and training records supported this. We saw staff assist a person to stand from a wheelchair, take a few steps, turn and sit down in a safe way. Staff then moved the person back up the chair without using a handling belt or stand aid. Staff knew this was not the correct procedure and in hindsight they would have looked for an alternative way of supporting them. The registered manager said they would speak to the staff and address this during supervision. They arranged an update in moving and handling for all staff during the inspection.

This inspection demonstrated that there were systems in place to manage medicines safely. People said that medicines were dispensed in a safe, timely and appropriate manner. They told us, "They are very strict on medicines, they check all the time" and, "They give me mine as late as possible because that is what I want, they help me sleep better." Medicines were delivered and disposed of by an external provider and the management of this was safe. People had been risk assessed with regard to managing their own medicines and one person was responsible for their medicines.

Medicines were labelled with directions for use and contained both the expiry date and the date of opening and, they were safely stored in trollies and lockable cupboards. Staff told us they had completed medication training and had been assessed by the registered manager before they gave out medicines on their own, to ensure people were safe.

Medicines Administration Records (MAR) contained photographs of people for identification purposes and

guidance for staff with regard to people taking medicines on an 'as required' (PRN) basis. Staff locked the trolley when leaving it unattended and signed the MAR when people had taken their medicines. There were no gaps in the MAR and staff were knowledgeable about the medicines they gave out. The provider carried out regular audits, to ensure the management of medicines was appropriate and take action if they identified any concerns.

Risk assessments had been completed depending on people's individual needs. These included risk of falls, nutritional risk, mobility and communication. Staff demonstrated an understanding of the risks to people and how people could be supported to remain independent and make choices. Each risk assessment had guidance for staff to follow and they looked at the area of concern, the outcome that the planned support aimed to achieve and if this had been successful. For example, some people were at risk of falls and used walking aids to walk to the lounge to socialise with other people. The action was to ensure they had the correct walking aid and were able to move around the home safely, with the support of staff if required. The outcome was they were able to access the lounge when they wanted to in a safe way and we observed this had been achieved. Staff told us they supported people to be as independent as possible, but also to keep them safe. "We want to make sure people make choices and decide what they want to do as independently as possible" and "We need to know if they are at risk and how we can limit this as much as possible without restricting them." The risk assessments were reviewed monthly and if a person's needs changed they had been discussed with the person or their relative. The registered manager said relatives had been involved in discussions about all aspects of the support and care provided although some had not actually signed the forms. People told us the staff made sure they were safe. "They look after us very well" and, "The staff are very careful with those that need help."

As far as possible people were protected from the risk of abuse or harm. Staff had received safeguarding training; they understood different types of abuse and described the action they would take if they had any concerns. Staff had read the whistleblowing policy and stated they would report anything they were not happy with to the registered manager and if they felt their concerns had not been dealt with they would contact the local authority or CQC. One member of staff said, "I know what to do, if I worried about anything I would do something, but I haven't seen anything here." There was safeguarding information on display and the contact details of the safeguarding team was available to staff. Where concerns had been identified these had been referred to the appropriate authority and advice had been sought.

People said there were enough staff working in the home. One person said, "They come quickly when we need them. Don't usually have to wait too long." Another person told us, "There is enough staff, they are busy in the morning but that is to be expected." One person, who chose to stay in their room, said there were no problems, they rang the bell and it was answered within a couple of minutes. Staff told us, "We seem really busy sometimes, in the morning, but I think they would get extra if we needed them" and, "There are enough staff and people seem to be quite happy with the number we have." We saw that staff were not rushed, there was a relaxed atmosphere and staff provided the support and care people wanted.

Recruitment procedures were in place to ensure that only suitable staff worked at the home. We looked at the personnel files for four staff. There were relevant checks on prospective staff's suitability, including completed application forms, two references, interview records, evidence of their residence in the UK. A Disclosure and Barring System (Police) check, which identifies if prospective staff had a criminal record or were barred from working with children or adults, had been completed for all staff. Staff said they went through this recruitment procedure when they applied to work at the home. One said, "It makes sure we should work with people."

Accidents and incidents were recorded and the registered manager monitored these and audited them

monthly, and no trends had been found. Staff said if an accident or incident occurred they would inform the manager or senior care staff on duty and an accident form would be completed. Information about what happened was recorded, staff discussed what happened and action was taken to reduce the risk of a re-occurrence.

There were systems in place to deal with unforeseen emergencies. Emergency evacuation plans were in place for each person with clear information about how much support people needed and what action staff should take. Staff were aware of the evacuation plans and told us the registered manager or senior care staff was on call if there was an emergency, or if they needed advice.

Is the service effective?

Our findings

People said the staff knew how much support they needed and looked after them very well. One person said, "This is because they are well trained." Another person told us, "The staff know me, well new staff do their utmost and they usually say, 'If I get it wrong just tell me', and I do." People said the food was good and they always had a choice. Staff said the training was very good and they had to attend or complete it on line.

People were being supported by staff that had the opportunity to maintain their skills and knowledge. Staff said they completed most of the training on line and attended some training in the home, including moving and handling. One said, "We do the main training, like safeguarding, infection control, food hygiene, mental capacity and DoLS and, I have applied to do the NVQ and have booked the moving and handling."

The registered manager and 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 enable them to make decisions or participate in decisions about the support they received. Most of the staff had a good understanding of the MCA, including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. Staff said most people living in the home were able to make decisions about all aspect of the support and care provided, although some people were living with dementia. Staff said, "Some people have dementia. They forget, but that doesn't matter we are here to look after them." Staff asked people did what they wanted to do, if they wanted to sit in the lounge, staff asked, "Where would you like to sit" and when seated asked if they had everything they needed. Some people used the small kitchenette near the lounge to make themselves and other people in the lounge a hot drink. Staff said it was good that people kept their independence as long as possible and, "We encourage them to do that." Some preferred to walk around the home during the day and staff observed them to make sure they were safe without restricting them.

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 aspects of their lives to keep them safe from harm. Decisions about their support is 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. DoLS applications had been made for some people living in the home. Staff said this was done only when people were unable to understand the implications of their actions and where they may be putting themselves at risk if they did something. For example, if a person had been assessed as not having the capacity to understand the risks of traffic and other people when they left the home, a DoLS would be needed because they would be unable to leave the home on their own.

Staff said they had completed induction training when they started working at the home. One told us, "I have experience of working in care, but here the people's needs are different and I shadowed staff before I worked on my own, which was good." Another member of staff said they had not worked in care before and had no experience of working in a care home, "I have done the on line training and worked with other staff

to understand the support provided. It is very good I have enjoyed looking after people and understand better what we need to do, but I am still learning and I tell them that." People said, "The ones who are here all the time are well trained, but the new ones, I have to tell them what to do" and, "The staff know what to do, for some it is a new job and you can't expect them to know everything straight away, and they are very nice to us." There was a checklist to ensure new staff had completed basic training and had been assessed as competent. The provider had introduced the Skills for Care Certificate training as part of staff induction. The Care Certificate ensure staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. New employees said they had signed up to do this. Training was provided and staff said they had completed the required training and the training plan supported this. "We do fire training, infection control, some staff do medication training, safeguarding and, health and safety and moving and handling has been arranged to be done soon." Staff felt they had opportunities to do the training they needed so that they could support people in the home to, "Live how they want to, with support to help keep them safe, but to keep their independence as well." People were confident that staff understood their needs and, had the skills and experience to look after them. One person said, "They know what they are doing, especially as we all have different needs, some more than others living here."

Staff were supported with regular supervision. This was a two way process when staff and the registered manager discussed how their work was developing, if they needed any support or training and if they had any feedback about the home and the support provided for people. Staff felt this was a chance to sit down and talk about things, although, "The manager and senior staff are always available so if we need to talk about anything we can do it any time, or they can talk to us as well."

People said the food was good and 12 people sat in the dining room, using two long tables that accommodated people in wheelchairs. The atmosphere in the dining room was quite vibrant and people enjoyed sitting together. Condiments, napkins, water or fruit juices were available and two staff served and assisted people if required. People told us, "We have choices at each of the meals and if we don't like what is on offer we can have something else" and, "It varies, sometimes good, today the Shepherd's Pie was very good, we need better veg, not over cooked." Some people preferred to remain in their own rooms, or were unwell and needed one to one support, and they were supported to do this. We saw staff sat with one person, they assisted them to eat a soft diet, quietly encouraging and the person ate some of the meal. Staff said the person usually ate some of the meal, depending on how they felt and they would ask them again later. In the evening people preferred to stay in their room or sit in the lounge for supper, and staff supported people to have sandwiches, soup or a hot snack depending on what they wanted to eat. The chef had a good understanding of people's dietary needs, they knew who needed soft or pureed meals, fortified drinks and meals, vegetarian and meals to support people with diabetes, and those whose cultural background was different. People were weighed monthly and if staff had any concerns the GP was contacted and asked to visit to assess the person's needs. If necessary a referral was made to the dietician or speech and language team, if they had difficulties swallowing.

People had access to health care professionals and there was evidence of good communication in the management of people's care between the provider and external professionals, such as Speech and Language Therapists, dentists, opticians and chiropodist. We noted advice and guidance given by these professionals was followed and documented. GP were contacted and visited the home, although the registered manager said sometimes this was difficult to arrange. Appointments and any outcomes were recorded in the care plans which included any changes to the support provided. People told us, "I can go to the doctors for my own appointments, or someone can come with me" and, "Staff arrange appointment for us when we need them."

Is the service caring?

Our findings

People said they got on very well with staff. They told us, "They are lovely, very good, I think they know how to care for everyone's different problems" and, "I watched one lady, who was escorted back to her chair by a carer and she wasn't comfortable. The carer went to get her a cushion to put her feet on. She stayed and stroked her arm until she was settled and re-assured." Staff said they provided the care and support people needed and the response they received from people at Eastbourne grange was very positive.

The home had a calm atmosphere. People were relaxed and comfortable sitting in the lounge area or their own rooms. The TV was on when people wanted to watch it. We heard people and staff talking about how they were going to spend their day and they discussed the activities people might want to do. We heard laughing and joking as we sat in the lounge, staff had a good understanding of people's needs and conversations between them were relaxed and friendly. Staff talked to people quietly and respectfully. Some people chose to sit on their own and we observed the care and support to be safe and appropriate. Staff sat near people when they spoke to them; they used their preferred name and waited for a response when they asked if they were comfortable, if they wanted a drink or to do an activity.

Communication between people and staff was very good; staff consistently took care to ask permission before intervening or assisting. One person said, "Communication is not a problem they listen to everyone and help you whatever you need." Staff said they always asked people if they needed assistance, they never made decisions for them and it was clear that staff respected people's choices. People, where possible, were enabled to express their needs and receive appropriate care. It was evident throughout our observations that staff treated people with kindness and compassion and had the skills and experience to manage situations as they arose; this meant that the care given was of a consistently high standard. For example, a person living with dementia became anxious in the afternoon and we saw staff offer appropriate support. One of the staff offered her hand to the person with a big smile on her face and the person responded really well, they took hold of the hand and walked with them to sit in the lounge where they sat and chatted about different things.

Staff respected people's privacy and dignity and they were careful what they said about people, as they regarded information to be personal and confidential. One person told us, "I am treated with dignity and respect and I don't mind if the carer is male or female, there are no problems, you don't even notice." Staff knocked on people's bedroom doors before opening them and asked if they could enter. One person told us, "The staff knock on my door, even though I keep it open and they wait until I invite them in, which is very nice."

People said they knew about the care plans and had been asked if they wanted to be involved in reviewing them. One person said, "I have a care plan and can help to review it." People said they were involved in making decisions about all aspects of the care they received. "We go to bed and get up when we want to." "I have my hair done every week and my nails frequently" and, "I get up and have a bath, they do not need to help me, I can manage. I choose what I wear and leave the laundry until it had accumulated and it can be done in its entirety."

Staff had completed on line equality and diversity training and demonstrated a good understanding of supporting people and meeting their different preferences, which were recorded in the care plans. There was information about each person's life and these had been compiled with people and their families where possible. They contained information that staff could use to help build relationships, such as people's previous occupations and hobbies. Staff said they had read the care plans and felt the information enabled them to provide support based on people's preferences so that they could meet people's diverse needs. One member of staff told us, "I think we need to understand people so that we can look support them." They told us each person was different, they had their own personality and made their own choices, some liked music or watching TV, while others liked to sit quietly in their rooms, and they enabled people to do this as much as possible. People were supported to personalise their rooms with their own ornaments, pictures and furniture and make changes if they wanted to. They told us, "We can bring out own furniture, I brought everything I wanted, even the bed" and, "I like my room, the regular cleaner is on holiday, he is absolutely perfect. If you mention anything you want him to do he does it immediately. He is a good handyman." Staff said the member of staff doing the cleaning was also the maintenance person, so they missed them very much when they were on holiday.

People were supported to maintain relationships with relatives and friends. People said visitors were always made to feel very welcome and a relative was very appreciative of the response of staff when they arrived. One person told us, "I go out with my friends and they come and visit me here which is very nice. Staff always offer us a drink and I can make one myself upstairs, but we generally stay in my room so staff are very good and we have a drink there."

End of life care had been discussed with some 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.

The registered manager said advocates were available to support people if they had no relatives or representatives and information was available in the office. They said this service was not needed at the time of the inspection

Is the service responsive?

Our findings

People were very positive about the care the staff provided and they said they could take part in the activities if they wanted to. One person said, "I like the quizzes and join in with the carpet bowls sometimes, depends on what else I am doing." People said they were involved in decisions about their day to day care; staff always asked them what support and care they wanted and listened to what they said. One person said, "I am very independent, all I need is someone to give me meals, medication, laundry and cleaning, which they do." One of the staff said, "We look at the whole person when we plan and provide care and support, this means we can understand their needs and plan how to support them."

People's needs had been assessed before they moved into the home, with people and their relatives or representatives. The registered manager said if people wanted to move into the home their needs were assessed. This was to ensure they could provide the care and support each person needed; that they would be comfortable in Eastbourne Grange and fit in with the people already living there. One person said, "The manager came to see me before I moved in so that they could be sure they could look after me. I use an electric chair so they had to have the space and a lift so I can go to my room, the lounge and into town. I have a mobility scooter which takes me anywhere I want to go." Staff said they supported people to use these following a risk assessment; there was a storage area for mobility scooters and they were charged to ensure people could use them when they wanted to.

The information from the assessment was the basis of the care plans, which were completed with people and their relatives or representatives. They were personalised and contained information about people's personal histories and their likes and dislikes, in terms of food but also how they liked to spend their time and the support they needed. There was information about how people communicated and if they used sensory aids, such as glasses and hearing aids with guidance for staff to follow to support people who used them. There was a daily routine, with guidance for staff about the time people preferred to go to bed and get up, the support they needed with personal care and how they liked to spend their time. Some people chose to stay in their room and they were happy that staff supported them to do this. One person told us, "I like to stay in my room. I treat them well and they treat me well, it's called being a Christian." Another person said, "I am not interested in anything, but the carers are good to me."

Staff knew people really well and discussed people's needs knowledgeably and with confidence. People said the staff knew how much support and care they needed. One person said, "The staff are very good and pick up very quickly if someone is not feeling that well and they do something about it." We saw people were able to do things they wanted to do. For example, one person liked to wash up the cups and saucers after morning coffee and afternoon tea and staff supported them to do this. They said, "I like to keep busy and this keeps me occupied for a while," and they used the kitchenette near the lounge. Staff said they were in the kitchen or nearby at this time, in case the person needed assistance.

A range of activities were provided depending on what people wanted to do at the time. Staff said it was very flexible and they asked people regularly throughout the day, this meant sometimes that they would do them in the morning and other times in the afternoon. We saw people playing quoits for a short time, they did a

quiz, watched TV in the lounge and also looked at books and magazines. People felt they could join in if they wanted to or just sit and watch and they played games within their own groups, "If we feel like it at the time."

A complaints procedure was in place; a copy was displayed in the entrance hall, and was given to people and their relatives when they moved into the home. People said they did not have any complaints, but would take up any complaints with the manager if they needed to. One person told us, "I don't have anything to complain about, the staff are good as is the food and we can do what we like when we like. Couldn't be better." People said they had no complaints.

Is the service well-led?

Our findings

From our discussions with people, staff and the registered manager, and our observations, we found the culture at the home was open and relaxed. Care and support focused on providing the support people living at Eastbourne Grange needed and wanted. People said the registered manager was always available, they could talk to them at any time and they were, "Caring and efficient with a friendly manner with both residents and staff." Staff felt supported by the management and were involved in decisions about how the service developed.

The provider had systems in place to monitor the support and care provided and the facilities themselves. Audits had been completed for medication and care plans, accidents and incidents and the environment. The registered manager said they took action as soon issues had been identified. Areas that were planned for improvement over the next year were the kitchenette near the lounge and individual bedrooms and the re-decoration of communal areas, where they have been affected by wheelchairs and trolleys.

Quality assurance questionnaires had been used to obtain feedback from people living in the home, their relatives or representatives and visitors, including health professionals and staff. The responses had been positive and staff said if there had been any suggestions for change they would try and make them. Resident's questionnaires asked about catering and food, personal care and support, daily living, premises and management. The majority of people were very satisfied with all aspects of the support provided and facilities. There were regular residents meetings and people said the main topic was usually food and what changes people might like and usually they organised this. For example people asked for better quality fish and it improved.

Staff questionnaires asked specific questions and identified where staff training and support was needed. For example, one question asked if staff were aware of the whistleblowing policy and all of the respondents said Yes. Another question asked if they were 'given the opportunity to contribute your ideas and make suggestions' and four staff said always and five staff said mostly.

Relatives meetings were advertised and letters were sent out to invite them to attend on 24 March 2016 at 3pm and to inform them that they would be arranged every 3 months. The registered manager said no one attended, but this may be due to work commitments or other ties so future meetings will be arranged for different times of the day so that they can attend if they want to. Staff were confident that relatives and visitors would talk to them about anything when they visited their family member or friend.

The ethos of the home was to provide support and care in a homely environment; with people making decisions about how they live their lives, and staff providing support that enabled people to do this.

The registered manager said they notified CQC of significant events which had occurred in line with their legal obligations and these were recorded on our system.