Brackenlea Care Homes Limited

Brackenlea Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Brackenlea Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Brackenlea Care Home accommodates up to 25 people in one adapted building. There were 21 people at the service at the time of inspection. The accommodation is over two floors, each floor is accessible via stairs or a passenger lift.

The service was rated Requires Improvement at its last inspection in September 2016 and had breached two regulations in relation to safe care and good governance. Following the last inspection, we asked the provider to complete an action plan to show what they would do to meet the breach and improve the key questions of Safe and Well Led to at least Good. At this inspection, we found that the provider had made sustained improvements by ensuring that were systems in place to ensure people's records were accurate, complete and contemporaneous. The provider had also made improvements to its medicines management system to ensure the safe ordering, storage, administration, recording and disposal of medicines.

Risks to people's health and wellbeing were assessed and monitored. The registered manager used a range of assessments to determine the appropriate level of care people required. Where people had incidents or suffered falls, the provider investigated and reflected on incidents to reduce the likelihood of recurrence.

Where people had changes in behaviour or health, the provider made appropriate referrals to health professionals and made appropriate changes to care provided in response.

People's dietary and nutritional needs were fully assessed and monitored. Where people required staff to monitor their fluid or food intake, records were kept accurately and shared with relevant medical professionals to ensure that people were receiving the correct level of support.

Risks associated with the spread of infection were assessed and monitored. The home was a clean environment and staff understood their responsibilities around infection control.

The provider had made adaptions to meet the needs of people living there. This included adapting signage and décor to make the environment more suitable for people living with dementia.

There were systems in place to protect people from the risk of abuse or harm. The provider had an open and transparent culture, which was reflected by the registered manager informing CQC about important events that happened in the home. Where concerns were raised, the registered manager investigated issues thoroughly to ensure that people were as safe as possible and protected from harm.

There was a clear management structure in place. People told us the registered manager was effective in

their role. The registered manager monitored the quality and safety of the service through a series of audits, residents meetings, staff meetings and through responses to questionnaires. The registered manager had an ongoing 'action plan' in place, which identified where key improvements would be made and the timescales for completion.

There were systems in place to ensure that concerns and complaints were dealt with appropriately.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People received personalised care. Staff understood people's preferred routines around their daily living and personal care. People told us staff were caring and considerate of their needs and that there were plenty of activities available to keep them busy and occupied.

People received support to plan how they wished their care to be delivered during their last days. People were treated with dignity and respect and the provider welcomed relatives and visitors into the home.

There were enough suitably qualified and skilled staff in place to meet people's needs. The registered manager calculated staffing levels to ensure people did not have to wait for staff to support them. The registered manager frequently worked alongside staff and had a good understanding of people's needs.

The provider had systems and processes in place when recruiting staff to help ensure they were of good character and had sufficient experience to carry out their role.

Further information is in the detailed findings below.

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 has improved to Good.

There were safe systems in place to manage people's medicines.

The provider had policies and procedures in place to protect people from abuse and harm.

Risks to individuals were assessed and monitored. The provider reflected on incidents and implemented learning from these occurrences.

There were systems in place to protect against the risk of infections spreading.

There were sufficient numbers of staff in place. The provider had systems in place to check staff's experience, character and suitability for their role.

Is the service effective?

Good

The service has improved to Good.

Staff received appropriate training, induction and ongoing support in their role.

People received appropriate support in line with their dietary requirements.

People had access to healthcare services when required and their needs were assessed using a range of assessment tools.

The provider had made adaptions to make the service more suitable for people living with dementia.

People's rights are freedoms were respected.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service has improved to Good.

There was a clear management structure in place. The registered manager had a good understanding of the culture of the service, the behaviour of staff and the needs of people.

There was a system of auditing in place to monitor the quality and safety of the service.

People were involved in making decisions about how the service was run.

The provider worked in partnership with other stakeholders to provide good quality care.

Brackenlea Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This comprehensive inspection took place on the 2 and 9 May 2018 and was unannounced. One inspector and an expert by experience carried out day one of the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert in this inspection had a background in nursing and working with people living with dementia. One inspector carried out the second day of the inspection.

Before the inspection, the provider completed a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous inspection reports and notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law.

We spoke with 11 people and three relatives. We also spoke with the registered manager, the deputy manager, seven care staff and one external healthcare professional.

We looked at care plans and associated records for four people and records relating to the management of the service. These included staff recruitment files, records of complaints, accidents and incidents, and quality assurance records. We observed care and support being delivered in communal areas.

The home was last inspected in March 2017, where the service was rated Requires Improvement.

Good

Is the service safe?

Our findings

At a comprehensive inspection in March 2017, we found the service was not always safe. We found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were not safe systems in place to manage people's medicines. The arrangements for the storage of medicines were not robust or secure. This meant that there was the potential people's medicines could be accessed without authorisation. We also found that the plans in place for when people needed, 'as required' (PRN) medicines were not always reflective of people's current needs. This posed a risk that people would not receive appropriate medicines as prescribed. At this inspection we found the provider had made improvements to the security arrangements around storage of medicines and had systems in place to review people's PRN care plans when people's needs changed.

Suitable arrangements were in place for obtaining, storing, administering and disposing of medicines. A stock management system was in place which helped to ensure medicines were stored according to the manufacturer's instructions. The provider's process for the ordering of repeat prescriptions and disposal of unwanted medicines helped ensure that people had an appropriate supply of their medicines.

The registered manager had implemented systems to ensure medicines were stored securely. Medicines were stored securely in a locked cabinet in the medicines room. There was a system in place to ensure that only designated members of staff held keys to the medicines cabinet. The registered manager told us, "Medication keys are kept safe by a key holder signing over keys and signing for receiving keys in a key holder record." This helped to ensure that only staff who were authorised to access medicines could do so.

Some medicines need to be stored at specific temperatures to maintain their effectiveness. There were appropriate systems in place to monitor the temperature in medicines storage areas. Staff told us how they would seek advice from the pharmacy if medicines were found to be stored outside of manufacturer's guidelines. This helped ensure that medicines were stored safely.

People had care plans in place which identified the medicines they were prescribed, their preferred routines around administration and the possible side effects of the medicines. Where people were prescribed PRN medicines for pain or anxiety, there were concise plans in place to identify when people needed these medicines.

The provider was pro-active in working with people and health professionals to ensure that people were not over prescribed medicines. Where people were prescribed medicines for behaviour or anxiety, their care plans detailed strategies for staff to adopt to help people remain calm in order to avoid the need to administer these medicines. In one example, staff would often facilitate some time with a dog that lived at the service if the person was anxious as they found their presence calming. This reduced the instances where the person required PRN medicines.

The registered manager demonstrated how they had worked to reduce the need for people's medicines and how some people had benefited from needing these interventions less frequently. This work was in

partnership with doctors and healthcare professionals. They told us, "We are confident that no resident has behaviour controlled by excessive use of any medication. We monitor the effects of service user medication generally and take prompt action where there are any negative effects."

People told us they felt safe living at Brackenlea Care Home. One person said, "It's a lovely place here. I am well looked after and feel safe." Another person said, "I have no concerns about any aspect of the safety of the service here."

Risks relating to people's health and wellbeing were assessed, monitored and mitigated. These included the risk of people falling, nutrition, moving and handling and developing pressure injuries. Where people had specific incidents in relation to these risks, assessments were reviewed and updated. One person's mobility decreased and they were assessed as being increased risk of falls, specifically on stairs. They were offered a ground floor room, which meant that they did not have to negotiate the risk associated with accessing the stairs.

The registered manager kept a log of all falls that people suffered. From this log, they completed a monthly falls analysis log. This identified the circumstances and trends associated with each fall. When people suffered falls, the registered manager completed a falls action plan. This identified measures that could be put in place to reduce the likelihood of recurrence. In one example, after a fall, one person was referred to occupational therapists, who recommended the person use mobility equipment to reduce the risk of falls. This demonstrated that the provider reflected on incidents and used learning as a way of making improvements.

There were systems in place to protect people from abuse and harm. All staff had received safeguarding training. This training helped them identify signs of abuse and actions required to keep people safe if concerns arose. The registered manager told us, "We have policies and procedures in place which clearly define the forms of abuse and how staff should act if they suspect abuse is occurring."

Where concerns had been raised about people's safety, the registered manager had made appropriate referrals to the local authorities safeguarding team. The registered manager carried out robust investigations, keeping comprehensive records of all investigations and actions taken to help keep people safe. The provider had a whistle-blowing policy in place. This provided staff with details of external organisations where they could raise concerns if they felt unable to raise them with management staff in the home. Staff understood how to use this policy. For example, staff told us they could contact the local authority or the Care Quality Commission (CQC) if they needed to.

There were enough suitably skilled and qualified staff to meet people's needs. One person said, "Yes, there do seem to be enough staff here, it's not at all bad." Another person told us, "Yes, there's always someone around." Staffing levels were determined by assessments of people's needs. The registered manager regularly reviewed staffing levels to help ensure that there were sufficient numbers to meet people's needs. The registered manager and senior staff regularly worked with people to supplement staffing numbers during busy times of the day. This helped to ensure that people did not have to wait long to receive care. People told us how staff were responsive when they rang the call bell for assistance. . One person said, "I use it (the call bell system) at night if I want to spend a penny. No. I don't have to wait for long for someone to come."

Safe recruitment procedures ensured that staff with the appropriate experience and character supported people. Staff files included application forms, records of interview and references from previous employment. Staff were subject to a check made with the Disclosure and Barring Service (DBS). A DBS check

helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with vulnerable adults.

There were systems in place to prevent the risks of infections spreading. The registered manager used guidance from The Department of Health to develop infection control policies and procedures. This included implementing systems around disposal of clinical waste and appropriate use of personal proactive equipment and hand washing to reduce the risk of infections spreading.

The registered manager made a log of all infections to look for causes, trends and areas where improvements could be made. They told us, "We compile an annual statement each year detailing infections that have occurred in the last 12 months, how these were managed and whether we could have done any differently in managing them." This helped to ensure that the provider reflected when incidents occurred to help prevent future recurrences.

Good

Is the service effective?

Our findings

People's care and treatment plans were based on a range of assessments which took into account their health, medical conditions and wellbeing. Assessment included medicines, mobility, mental capacity, risk of dehydration or malnutrition, risk of skin breakdown and behaviour. The assessments used were nationally recognised assessment tools in line with industry best practice. The registered manager gathered information for assessments from a range of sources. This included people, their relatives, health professionals and social workers. This helped to ensure that people's needs were fully assessed.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under The Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. We checked whether the provider was making appropriate referrals under these safeguards and found that the registered manager had made the appropriate assessment and applications. These actions were in line with the MCA.

Staff gained appropriate consent to care. Some people were able to consent to their care plans. Where people were unable to consent to their care, the registered manager documented how decisions were made in people's best interests. This included demonstrating how the decision was as least restrictive as possible, how the person was involved in making the decision and who else was consulted. The registered manager told us, "Normal practice within the home is to ensure we find ways not to restrict liberty." These actions were in line with the MCA.

Staff had appropriate training, induction and supervision in their role. All staff received training in; moving and handling, safeguarding, first aid, infection control, food handling and dementia. Staff designated to administer medicines had received training in medicines management. The registered manager said, "All staff with medication responsibilities have been trained, undergone competency assessments and these are regularly reviewed." The registered manager had arranged for additional training for staff to meet the specific needs of people at the service. They told us, "Staff received additional training in end of life care and we arranged for district nurses to deliver staff training on the management of diabetes." This helped to ensure staff had received appropriate training in order to meet people's needs.

Staff received a structured induction when they started work. This involved time working with experienced staff to familiarise themselves with people's needs. The registered manager monitored staff's ongoing performance and behaviours through observations of their working practice and in supervisions where staff could reflect on their own practice and training needs. The registered manager had used guidance from Skills For Care and Development to structure a system of training updates for staff. Skills for Care and Development are an organisation that is the strategic body for workforce development in adult social care in England. This helped to ensure that the provider was following industry best practice guidance to assess and monitor staff's skills and training needs.

The provider had demonstrated a consistent and effective approach when supporting people to transition

between different services. As people's needs changed, staff monitored their conditions, working in partnership with health professionals to structure their care provision appropriately. Where the provider was unable to meet people's needs, they worked in partnership with people's new service providers to help ensure that they had the information required to fully assess people's needs. In one example, one person's needs changed as they required nursing care. The registered manager carried out visits with the person's family to the new service and shared care plans with the new provider. This helped to ensure the person and new provider were comfortable and well informed throughout the transition.

People told us they enjoyed the food at Brackenlea Care Home. People's comments included, "I can ask for a sandwich instead if I don't want a meal", "I rang one night because I couldn't sleep and felt peckish. It was one o'clock in the morning and staff made me a nice sandwich which I ate", "There's plenty of food, the meals are nice", and, "We get plenty of food here."

Each person had a specific care plan to meet their nutritional and hydration needs. This included assessments of whether they were at risk of malnutrition or dehydration. The registered manager told us, "Each resident has a care plan in place for eating, drinking and nutrition. These outline all areas of needs, preferences, wishes and actions staff need to take to meet these. Risks are also clearly identified such as choking and strategies for supporting relevant residents." This meant that people were supported to follow a diet in line with their needs.

People had access to healthcare services when required. One person said, "If I am not well, then staff will call the doctor." One relative told us, "If they have any concerns here they call the doctor. There's even a nurse who visits to check for any pressure sores, but [my relative] has never had one." A visiting healthcare professional told us, "The home is very quick at making appropriate referrals when they have concerns. They are a good home to work with." People's care plans detailed their health conditions and the support they required to access the appropriate services to promote their health and wellbeing. Where people received input from health professionals, their recommendations were incorporated into their care plans. This helped to ensure that people were supported effectively to promote their health and wellbeing.

The provider had made adaptations to the environment to make it suitable for people living with dementia. The carpet on the ground floor had been replaced by flooring. The previous carpeting was intricately patterned and could be confusing for people living with dementia. People living with dementia and/or visual impairments can find patterns in flooring and reflective surfaces confusing as they make it difficult to judge depth and distance. The provider had also installed pictorial signs on bathrooms and toilets and had fitted brightly coloured toilet seats. These adaptations helped people navigate around the home and helped them use the toilet safely as the seat was clearly distinguishable.

Good

Is the service caring?

Our findings

People told us staff were caring. One person said, "We are all looked after well. Staff are very nice to me." Another person commented, "Oh yes, they're [staff] all lovely."

People were supported to celebrate import events in their life. When people had birthdays, staff ensured that the day was celebrated and family members were invited to share the celebrations. One person said, "We have a birthday cake and ate it all together in the lounge." A relative told us, "Staff made a fuss of her last year on her birthday. There was a lovely birthday cake that they (staff) made."

People were supported to maintain relationships which were important to them. One person said, "My daughter comes in but lives a long way away. When she comes in the afternoon they [staff] always make her feel welcome." Important relationships were identified in people's care plans, along with the support they required to maintain these. One member of staff told us, "[Person] used to write letters to her family several times a week but can't manage it anymore. So now we go to the office and send photos on social media to her family and she can add little messages."

People were treated with dignity and respect. One person said, "I am treated well by all the staff, they are kind and respectful." Another person told us, "Oh yes they're [staff] kind. You never hear them lose their temper." Staff supported people with their personal care in a discrete manner and away from communal areas. One relative told us, "The staff are very respectful. When they change [my relative] they always ask me to wait." Where people were reluctant to engage in their personal care, staff were patient and nurturing in their approach. This helped to ensure staff treated people with dignity and respect.

Staff respected people's privacy. Where people wanted to spend time in their own room, staff respected their choice, but would regularly check on their welfare. When people had visitors, staff offered them private spaces, which they could use. A person told us, "If we want privacy (when family member visits) we can sit in the day room or my room." One member of staff said, "People and their families can use the conservatory if they want a bit of privacy." People's records were stored securely and staff ensured that personal information about people was discussed away from communal areas. This helped ensure their personal information was kept confidential.

People were encouraged to be independent as possible and make decisions about their care. One person said, "We are all able to do something for ourselves which makes a difference." People and if appropriate their relatives were invited to attend regular reviews of people's care plans and make suggestions about how care should be delivered. The registered manager told us, "Residents are able to remain as independent as possible; they are able to make choices in relation to their daily living. Where representatives are actively acting on residents behalf, they are involved and encouraged to express their views." In one example of this, people were supported to make informed voting choices when local or national elections were due. This included inviting prospective political candidates to the home to talk to people and supporting people to vote either in person or via post.

The service demonstrated a clear understanding through the planning and delivery of care about the requirements set out in The Equality Act to consider people's needs on the grounds of their protected equality characteristics. The Equality Act is the legal framework that protects people from discrimination on the grounds of nine protected characteristics including age, sex and disability. Staff had all received training in equality and diversity and there were policies in place to help ensure staff were considering people's individualised needs in the delivery of care.

Good

Is the service responsive?

Our findings

People's care plans reflected the personalised care they received. Each person had detailed information about their life history and preferences around daily routines and personal care. Where some people preferred support with their personal care at different times in the day, staff accommodated this. People's care plans detailed their specific preferences during their personal care routines. This included the level of independence they wished to maintain and the support they needed to achieve this. The registered manager created a snapshot of people's care plans, which gave key details about people's needs. This helped ensure that new staff had a quick reference document available. This helped to ensure that people received personalised support and care.

People's care needs were reviewed as their needs changed. When staff observed that people's behaviour or wellbeing changed, they made appropriate referrals to health professionals and implemented changes recommended. In one example, a person had become increasingly anxious. The registered manager arranged for the doctor and mental health team to review the person's needs. In the meantime, staff provided increased one to one support. This increased interaction helped to provide comfort and reassurance to the person.

The provider had a dog that lived onsite, which people told us provided them with entertainment and comfort. One person said, "I love that little dog." Another person reflected, "I like it when the dog comes around." Some people gained particular benefit from spending time with the dog when they were lonely, confused or anxious. The registered manager told us, "It is a source of distraction and comfort to some people. In one particular case, it really helps to calm [person] down as they focus on stroking the dog." This demonstrated that the provider was responsive and creative in finding ways to help people manage their anxieties.

There was a range of activities available to people which suited their interests. One person said, "There is a lot to do here. I like to keep busy." Another person commented, "I can join in with the activities as much or as little as I want. There are plenty of options."

There were effective systems in place to respond to complaints and concerns. One person said, "If anything was bothering me, I'd have a word with [staff member] or the other lady (person gestured towards registered manager)." A relative told us, "They'd hear from me if I had a complaint, but I haven't." The provider had a complaints policy which they displayed in the entrance of the home. The policy outlined how people could make a complaint and how concerns would be investigated and responded to. Investigations of complaints demonstrated that the registered manager took concerns seriously and investigated them in line with the provider's policy. There had been no official complaints since the last inspection, but the registered manager documented where people raised informal concerns and investigated them accordingly.

People made decisions about how they would like to be cared for at the end of their lives. People had 'end of life care plans' in place which were formulated through discussions between people, staff and relatives. These care plans included detail on people's preferences and wishes around their care arrangements before

and after passing away.

Staff had received training in end of life care. This training helped staff understand the principles of providing empathic and responsive care at the end of a person's life. The registered manager told us, "End of life care is carried out warmly, competently, professionally and sensitively." The provider worked with people, families and other stakeholders to provide care as people's needs changed. This included monitoring, recording and responding to changes in their health and ensuring people had appropriate equipment and pain relief to help ensure their last days were as pain free as possible.

Good

Is the service well-led?

Our findings

At a comprehensive inspection in March 2017, we found the service was not always well led. We found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not all people's records were accurate, complete and contemporaneous. Some people's care plans were incomplete and records relating to the monitoring of their health and wellbeing including monitoring the fluids of people at risk of dehydration were not always completed. At this inspection, we found the provider had made improvements. People's records were complete and reflected their current needs. Records related to monitoring their health and wellbeing were recorded and actioned appropriately.

Since the last inspection, the registered manager had reviewed all people's care plans to ensure that they contained people's most current needs. The registered manager carried out series of checks and audits on care plans to ensure that the information they contained was up to date. Where people's care plans changed, the amendments were clearly documented and handed over to staff through formal handover meetings, memos to staff and staff supervision. This helped ensure people had an accurate, complete and contemporaneous record.

The registered manager regularly reviewed records related to the monitoring of people's health including their medicines administration records, food and fluid monitoring and records of support people received to reduce the risk of skin breakdown. The registered manager took appropriate action to make referrals to health professionals if these recordings indicated there may be a change in their health or wellbeing. We checked the food and fluid monitoring for all the people who were at risk of malnutrition or dehydration. The registered manager checked people's records to ensure they were fully completed. This demonstrated the registered manager had implemented an effective system to mitigate these risks.

The registered manager also carried out regular, planned audits and checks including infection control, health and safety and medicines audits. These audits were effective in identifying the key areas of quality and safety of the service. Where the registered manager identified there were areas for improvement, they formulated an action plan to implement necessary changes. The registered manager regularly reviewed the action plan to ensure improvements were implemented.

The provider's nursing officer also carried out three monthly quality audits of the service. These audits assessed how safe, effective, caring, responsive and well led the service was. After the audit, the registered manager was assigned any actions identified to complete. The registered manager had completed all the actions identified from the latest audit in April 2018. The registered manager also completed a monthly report to the provider about key aspects of the service included, incidents, staffing levels and safeguarding alerts. This helped to ensure that the provider had an insight into the daily running of the service.

There was a registered manager in place. 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.

There was a clear management structure in place within the home. A deputy manager and a team of senior staff supported the registered manager in their role. Their role was to oversee the care staff and provide them with supervision and guidance. The provider had a 'nursing officer', whose role was to support the registered manager to implement effective monitoring systems and carry out audits of the quality and safety of the home. The provider regularly visited the home and met with the registered manager to review key aspects of how the service was performing. This demonstrated a clear and effective management structure.

People and their relatives told us that the service was well run and the registered manager was effective in their role. One person said, "I see [the registered manager] most days. She is friendly and knows her job very well." As second person remarked, "I'd recommend it here I've been here some time now and can tell you it's a well run." A relative commented, "I'd definitely recommend it. I was glad they had a place for her. You couldn't wish for better." The registered manager regularly worked alongside staff to support them and in order to keep up their knowledge of people's routines, preferences and needs. One member of staff said, "The registered manager is very involved in the day to day running of the home. She knows the residents well."

There was an open and transparent culture within the home. Providers are required by law to notify CQC of significant events that occur in care homes. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found that the provider had met the requirements of this regulation. Staff told us they felt confident raising concerns to the registered manager told us they felt their concerns were taken seriously. One member of staff said, "You can rely on the registered manager. They are honest and open. If things go wrong, we are told not to hide it as this could cause more harm than good."

The registered manager engaged people, relatives and staff to gain feedback about how effectively the service was run. This included holding residents meetings where the registered manager asked for suggestions to make improvements to the service. Recent meetings led to the implementation of activities and menu choices which people suggested.

The registered manager also sent out questionnaires to people, relatives and staff, asking for feedback about the quality and safety of the service. The registered manager reviewed feedback to determine if any suggestions for improvement could be incorporated. The last questionnaires sent to people and staff prompted the registered manager to arrange additional staffing at busy times of the day. This was to enable staff to have additional time to spend talking and doing activities with people.

The provider worked in partnership with other stakeholders to help ensure people received good quality care. Where people required the input of external health or social care professionals, recommendations were incorporated into people's care plans to ensure effective interventions were put in place.