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Coach House Nursing Home

Inspection report

Broome House
Broome Village, Clent
Stourbridge
DY9 0HB

Tel: 01562700417

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service:

Coach House Nursing Home is a nursing home that provides accommodation with nursing and personal care for up to 17 people. When we visited, 16 people lived there. However, one person had been admitted to hospital on the day of our inspection.

People's experience of using this service and what we found:
People were supported by staff that were caring and treated them with dignity and respect. Staff understood the needs of the people they supported well and knew them as a person. Through conversation, staff told us how they aimed to achieve positive outcomes for people. All the feedback we received from people, their relatives and healthcare professionals was positive.

Risks of abuse to people were minimised. Assessments of people's needs identified known risks and risk management guidance was produced for staff which they understood. We found improvements could be made in relation to the management of some people's specific medical conditions. The service had appropriate safeguarding systems and processes. Staff understood safeguarding reporting processes

Although people received their medicines as prescribed, improvements were needed in relation to the safe management of known risks and the storage of medicines. There were effective systems that ensured the service was safe. Health and safety checks, together with effective checks of the environment were carried out by dedicated staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. There were systems in place that ensured people who were deprived of their liberty were done so with the appropriate legal authority. We identified that the service needed to make improvements in how they applied the principles of the Mental Capacity Act 2005 and associated guidance. We have made a recommendation about this within the report.

People were supported by staff who had the skills and knowledge to meet their needs. Staff felt supported by the registered managers, however the registered manager told us, and records confirmed, that staff supervision and appraisal had fallen behind. Staff understood their role and were confident when performing it through a continual training package. Staff at the service worked together with a range of healthcare professionals to achieve positive outcomes for people and followed professional advice to achieve this.

People's care plans were inconsistent in relation to the personalised information they held. Whilst it was evident staff knew people, this did not evidence a fully person-centred approach to care planning. The provider had identified this and was taking action to improve care plans. The provision of activities within

the service was limited, and we have made a recommendation about this.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. One registered manager of the service was not aware of the AIS. Whilst it was not evident there was any impact to people at the time of inspection, we have made a further recommendation about this.

People's concerns and complaints were listened to and responded to. Accidents, incidents and complaints were reviewed to learn and improve the service. People and their relatives commented positively about the registered managers and the quality of care their family member received. No concerns were raised about the quality of care provided.

Quality monitoring systems included audits and regular checks of the environment to ensure people received the right care. We found these had not been fully effective in identifying the shortfalls found at this inspection.

Rating at last inspection:
The service was registered with us in May 2018 and this is the first inspection.

Why we inspected:
This was a planned inspection.

Follow up:
We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our Well-Led findings below.

Coach House Nursing Home

Detailed findings

Background to this inspection

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

Inspection team:
This inspection was completed 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.

Service and service type:
Coach House Nursing 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 regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to 17 people. At the time of our visit there were 16 people lived there, however one person had been admitted to hospital on the day of our inspection.

The service had two managers who job shared and were registered with the Care Quality Commission, one of whom was also the registered provider. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
This inspection was unannounced.

What we did before the inspection:
We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about.

During the inspection:
We spoke with five people who lived at the service and two people's relatives. We also spoke with five members of staff. This included the registered managers, nursing staff and care staff. We reviewed a sample of people's care and support records. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, training records, policies, audits and complaints. After the inspection we contacted healthcare professionals who worked with the service. We received feedback from five professionals giving their views of Coach House Nursing Home.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People received their medicines as prescribed, however medicines storage and risk management placed people at risk.
- Whilst the room temperature was recorded, there were records showing the temperature had exceeded the manufacturers recommended storage temperature for some medicines. There was no record of what action had been taken or guidance for staff to follow.
- For two people, we found their allergies were not accurately recorded on their medicine records presenting a risk they could receive medicines that cause an adverse reaction. However, these were known by staff.
- One person received their medicines covertly. This had been signed by a healthcare professional however there was no record of pharmacist involvement since 2017 to evidence the service were covertly administering the medicine safely. No review of this covert administration had occurred during 2018.
- There were no risk assessments in place for the use or storage of flammable topical creams in line with published guidance. Topical cream charts did not reflect other medicine administration records for some people, however people had received their creams as required.
- Medicines that required additional storage in line with legal requirements were stored correctly. Stock balances of these medicines was correct against the register.

Assessing risk, safety monitoring and management

- Risk assessments were in place to reduce risks to people and guidance on how to reduce known risks was provided. For example, records showed how to reduce known falls or pressure ulcer risks.
- During the review of a person's care file who lived with diabetes, the diabetic care plan was not person specific and we were advised by one of the registered managers that blood sugar levels were taken 'randomly'. Whilst the person's diabetes was known and managed by nursing staff, there was no guidance on a normal blood sugar level range for the person or personal requirements in line with published best practice guidance.
- There were systems to keep people safe in the case of emergencies. There were personalised evacuation plans for people in the event an emergency occurred.
- The environment and equipment was safe and maintained. We reviewed certification and documentation showing a regular maintenance and servicing was completed.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from the risk of abuse.
- Staff knew how to recognise and report potential abuse. One staff member when asked about

safeguarding told us they would, "Keep people safe and have put their best interest first, put their needs first." They told us they would escalate concerns immediately.
●Staff had been provided with training on safeguarding adults.
●There was guidance for people and their relatives on how to speak with external agencies about poor care if they felt the need.
●People were relaxed with staff and relatives told us they felt their family members were safe. One commented, "We have fallen on our feet here, it is very relaxed atmosphere. I don't worry when I go home."
●A healthcare professional we contacted told us, "All the nursing staff work extremely hard in trying to do the best for their residents. I have never had any concerns about how safe Coach House is."

Staffing and recruitment
●There were enough staff on duty to keep people safe and meet their needs. People and their relatives spoke positively about the staffing levels in the service.
●One relative commented, "Staff come and spend time with [person's name], they can do that as they have time." One person said, "I am very happy here, I admire the carers, they work so very hard."
●The service only had a small number of vacancies and these were currently recruited. Both registered managers were actively involved in care and nursing provision.
●Staff told us people's needs were met. A set number of staff were used daily throughout the service to support people. One staff member told us, "Sometimes it is bit tight if someone is off sick. We work as a team. We had some night and nurse agency staff, but it is minimal."
●There were systems in place to ensure suitable staff were recruited. Checks were carried out such as checks with the Disclosure and Barring Service (DBS). The DBS check ensures people barred from working with certain groups such as vulnerable adults would be identified.

Preventing and controlling infection
●People were protected from the risks associated with poor cross infection practice. The service was clean and odour free. People's relatives spoke positively of the clean atmosphere.
●One relative we asked about the cleanliness commented, "The place is clean, it never smells here."
●The service had cleaning schedules in place for the general environment and for the equipment used within it, such as hoists and shower chairs.
●Staff had completed infection control training and followed good infection control practices. They used protective clothing such as gloves and aprons during personal care to help prevent the spread of healthcare related infections.
●Infection control audits were carried out by the service management.

Learning lessons when things go wrong
●There were systems in place to review accidents and incidents.
●Incidents were analysed by the registered manager and action was taken where required to prevent further incidents.
●Where medicines errors had occurred, or where medicines could not be accounted for, we saw investigations had been undertaken and relevant learning shared with staff.
●Where complaints had been received, records showed these had been communicated to staff during meetings to highlight the complaint and reduce the possibility of recurrence.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance
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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions set within authorisations were being met.

- The registered manager had made appropriate applications to the local authority regarding people's DoLS. One DoLS application had been authorised with no conditions set.
- People's capacity had been considered around their capacity to consent to restrictive practice, however the current method of recording assessments was not always aligned to all the principles of the MCA.
- Capacity assessments had been completed for people, however these had been an 'overarching' capacity assessment and we found these were not all decision specific based on the decision needing to be made.
- Although we found no impact on people, where restrictive practices such as bedrails were in place, we noted some examples of where consent had been agreed by a relative without supporting evidence they had the relevant authority to do so.
- Within some records the service had highlighted where a person had an appointed Lasting Power of Attorney (LPA) in place.
- We highlighted to the registered managers that within one care record it informed staff that the person's relative had a registered LPA and was to be involved in all care decisions. The LPA record on file was not the correct LPA in relation to making health and welfare decisions. The correct document was evidenced to us following the inspection.

We recommend the service seek advice and guidance from a reputable source to ensure that MCA practice and systems are aligned to current guidance and legislation.

Staff support: induction, training, skills and experience

●Staff were not consistently supported through regular supervision and appraisal. Whilst we saw some examples of where this had occurred, the registered managers confirmed they were behind. One of the registered managers told us the projected bi-monthly supervisions they aimed to achieve had not been completed for all staff.
●Staff we spoke with felt supported, and no concerns were raised about being able to seek advice or guidance at any time.
●Staff felt they had the skills and knowledge they needed to carry out their roles effectively.
●We reviewed the training records and noted staff received training such as moving and handling, first aid, safeguarding, dementia and infection control.
●New staff were supported by an internal induction and shadowing periods, however the registered managers stated there was no opportunity for new staff to complete the Care Certificate in line with recognised good practice for staff to understand the national minimum standards.

Supporting people to eat and drink enough to maintain a balanced diet
●People received a nutritious diet. Feedback from people regarding the menus was positive. Comments included, "Cook puts herself out to please you. Plenty of food to choose from and always alternatives. The food is very good." A relative we spoke with commented, ""Food is good quality. [Person's name] has a pureed diet I can mash it up well presented."
●People's weights were recorded. However, we saw some records for people that showed a significant weight loss or gain in a short period of time with no risk escalation records supporting any action taken. Records showed where an adverse weight was recorded, a member of staff had put a question mark symbol next to it but recorded no further action.
●The registered managers told us weight variances were due to people not being compliant on the scales, however there was no supporting record of this and no alternative methods to establish any malnutrition risk had been attempted.
●Whilst it was evident that people's weights were generally stable throughout their records, the absence of an effective system to ensure this may present a risk to malnutrition being unidentified.
●Where required, staff prompted and encouraged people and provided assistance. We observed staff supporting people where required in their bedrooms and other communal areas.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
●People's needs were assessed prior to them moving into the home. These assessments were used to form the basis of the care plans.
●Assessments of people's needs were undertaken and completed using nationally recognised tools in relation to skin integrity or identifying a risk of malnutrition or obesity.
●Staff were supported to deliver care in line with best practice guidance. Information on supporting people living with some specific health conditions was available. This helped staff to provide appropriate and person-centred care according to individual needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
●Staff sought medical advice when people had become unwell. People had named GP. The provider told us that an Advanced Nurse Practitioner (ANP) attended the service as opposed to a GP and this was now a locally standardised approach.
●People had access to a range of healthcare services and professionals according to their needs. The registered managers told us that they access to professionals such as speech and language therapists and physiotherapists.
●No concerns were raised by people or their relatives in relation to receiving input from external

professionals when needed. One person commented, "Nurse practitioner comes in if I need to see her and I do believe they come in and test eyes."
●A healthcare professional we spoke with commented, "The efficiency of [registered manager] referrals to us and other agencies to provide support to enable the best care possible is evident."

Adapting service, design, decoration to meet people's needs
●People had individual rooms and had access to communal bathroom and toilet facilities. Some rooms had an en-suite facility.
●The service was located on the ground floor. There was a small communal lounge area and dining area. We observed over lunch most people ate in their rooms or on chairs in the lounge, only one person used the dining area.
●People's rooms were personalised, spacious light and bright. People had their own furniture and personal possessions such as paintings, ornaments and objects. There were nice views from people's rooms into the garden area with flowers and plants. There was a lake area outside with ducks and swans.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

●People told us staff were kind and caring. Comments included, "Been here that long I know the carers very well and they know me. I guess we are more like friends now." Another comment was, "It's not home, but it's the next best thing."
●Relatives also told us staff were caring. One relative said, "It's not act, they [staff] are too caring. Staff are polite and kind all the time." Another commented, "She [person living at service] will tell us about the staff, staff spend time with her."
●Staff spoke positively about their work and the people they supported. One staff member said, "I am proud of the care, staff do genuinely care here."
●Compliments from people and relatives had been received. One comment read, "We are so happy that we found The Coach House and words don't really get near to how we have appreciated your care." Another said, "A big thank-you for the way you looked after [person's name] during his illness, showing him such kindness and caring."
●People's religious belief were considered during pre-admission, however when we asked the registered managers they told us there was, "No-one with religious needs at present."
●A healthcare professional told us, "Coach House's nursing team will always go that extra mile to ensure relatives and residents are well cared for."
●People had contacted the Care Quality Commission independently to express their satisfaction with the service. An extract from one piece of feedback we received was, 'What a lovely nursing Home. After mum had been looked after for a couple of weeks we could not believe how well she had been looked after. We had every intention to move her nearer to where we live but we cannot believe how wonderful ALL the staff are."

Supporting people to express their views and be involved in making decisions about their care
●People were supported by staff to make day to day decisions about their care and support. Staff described how they offered people choices. One said, "[It is] giving people choice, where they want to be, what they want to eat and wear."
●People confirmed staff asked their views when supporting them, they also confirmed their preferred time of getting up was respected and staff supported them with this. Staff gave examples of supporting people to make choice, for example in choosing their clothing for the day.
●Staff spent time with people. We observed staff members checked with people if they were comfortable. Staff continually checked on people in communal areas and engaged with them in a meaningful way. There was an evident strong bond between people and staff.
●We observed positive communication and interactions between people and staff. This was during periods

of moving and handling, where staff were observed offering reassurance. During the dining period we observed a staff member explaining to a person what the flavour of their dessert was.

Respecting and promoting people's privacy, dignity and independence

- People confirmed they were treated with dignity and respect. One person told us, "[They are] very respectful of privacy and dignity" when asked if their privacy and dignity was respected.
- A relative we spoke with told us, "[Staff] respect [person's name] privacy, she likes her door closed."
- People were encouraged to be as independent as possible, support plans detailed the level of support people needed.
- People's confidentiality was respected, and people's care records were kept within their own bedrooms or within an office when not in use.
- People were supported to maintain and develop relationships with those close to them. Relatives were welcome to visit anytime and always felt welcome. One relative told us, "I can come whenever I want and can eat with [person's name]."

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

There was a risk people's needs would not be consistently met or their care personalised through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

●People's care records showed their individual care needs and preferences and were reviewed and updated as their needs changed. We did identify care plans held historical information that may benefit from archiving.

● Not everyone we spoke with knew what their care plan was, however relatives confirmed they were involved in their relatives care plans and informed of any changes. One relative said, "When [person's name] was admitted we had a good chat with the nurse about preferences, history and hobbies."

●Staff described how they responded to people's care needs, and demonstrated they knew people well and understood their care and social needs. For example, staff told us how long people had been at the service, their previous employment and likes.

●Whilst staff understood the people they cared for, some care plans lacked personalised information about people's life history, their likes, dislikes and preferences. The provider had identified this and was taking action to improve care plans.

●The service recognised the importance of supporting people to maintain contacts with family and friends. Relatives we spoke with were positive about their involvement in care planning and the communication they received from the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

●The registered managers told us that despite efforts there was very little interest from people in taking part in activities around the service. Some relatives we spoke with told us their relative preferred to spend time in their room alone.

●The service was regularly visited by a member of the local hospice who provided aromatherapy and twice a week an exercise session was put on. This was held on the day of our inspection. This was held in the lounge area and there was no possible interaction with people who were nursed in bed or chose to stay in bed.

●Care records did not evidence people had been consulted on any preferred activities. It was not evident different activity provisions for people within the service, particularly those who were permanently or mainly nursed in bed, had been considered or explored.

●During a review of the daily activity records, some records indicated people had not been involved in any activities since April 2019 and others showed only a small number of activities. For example, one person's record evidenced they had only been involved in five activities since the end of March 2019.

●Daily activity records we reviewed that were completed showed staff had recorded 'Sat in chair most of morning' and '[Person's name] requested TV to be put on' as an activity completed by the person on that day.

We recommend the provider undertakes a review of the current activity provision taking account of published national guidance to ensure this provision meets the needs and preferences of all people at the service.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

●We spoke with one of the registered managers about their knowledge and understanding of the AIS. The registered manager was unaware of the AIS and the requirement to adhere to its requirements. However, despite this lack of knowledge, at the time of inspection it was not evident this had any impact on people.
●Within the service, the kitchen team had access to picture aids to support people in making choices regarding the meals available.

We recommend the service seek advice and guidance from a reputable source to ensure that AIS standards are understood and implemented in line with requirements.

Improving care quality in response to complaints or concerns
●The service held an appropriate complaints policy and procedure. This was accessible to people living at the service and their relatives. The policy and procedure detailed how complaints or concerns would be handled.
●People and relatives felt confident about raising any concerns. They said they would speak to staff or the registered manager. One relative said "They [registered managers] are always here, interact with us, they look after me as well as [person's name]. I feel reassured when I leave I don't worry."
●The registered manager held a record of any concerns or complaints raised, the action taken and the resolution. Records evidenced any matters that had been previously raised had been investigated and responded to timely.

End of life care and support
●Within some care records we reviewed we found basic information had been recorded about people's end of life wishes, for example if their wish was burial or cremation.
●Care records were not personalised in relation to people's preferred end of life wishes or wishes their relatives had communicated to the service where the person was unable.
●There was no system in place to capture and record specific end of life wishes, for example if the person wished to remain at the service to die or be admitted to hospital, who they wished to be present, or any specific requests relating to the spiritual or cultural needs.
●During a discussion with the registered managers, they told us they had a strong link with the local hospice who were available to support them if requested.
●A healthcare professional commented, "The staff there have called me to ensure their resident's wishes and preferences are known and talked about with the families, and also in this particular case [example given to Care Quality Commission] that the resident was able to be supported in his preferred place of care, The Coach House, rather than be admitted to an acute hospital where possible, [staff] being caring to their residents needs and forward planning, ensuring the correct documentation is done to support this."

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was not consistently well-led. Leaders promoted high-quality, person-centred care. However, we found improvements were needed with some aspects relating to the management of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a range of quality monitoring arrangements in place to monitor the health, safety and welfare of people at the service. However, we found these had not identified matters such as medication temperature issues, inaccurate Mental Capacity Act 2005 documentation and staff supervision not being completed.
- Statutory notifications had been sent to the Care Quality Commission (CQC) as required by law.
- The registered manager led a dedicated team of staff. Staff understood their roles and responsibilities. There was clear management structure. Staff we spoke with were positive about their employment and the leadership of the service.

Continuous learning and improving care; Working in partnership with others

- The registered managers told us that external healthcare professionals visited people at the service and records confirmed this.
- Healthcare professionals that visited the service were not asked for their views and opinions as part of continual improvement systems. This may assist the service in development and identifying areas for improvement that may benefit people.
- All of the feedback CQC received from healthcare professionals, without exception, was very positive. Comments we received from professionals included, "[One of the registered managers] is an excellent advocate for the residents, and therefore role model also." Another commented, "They communicate well with all relatives, residents and any professionals visiting, making them responsive to any issues or problems that may occasionally occur."
- The registered managers told us they did not currently have any links with the local community. We were told people preferred doing things with their own family, however exploring local community options may enhance activity provision and reduce the risk of social isolation.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Not everyone could tell us who the manager was, this was due to their cognitive ability linked to their dementia. People we could speak with and their relatives and staff told us they had confidence in the leadership at the service.
- The registered managers told us that key messages were communicated internally where required. Staff we spoke with confirmed this and told us they felt communication within the service was good.
- The registered managers promoted the ethos of honesty, and records evidenced a willingness to learn

from mistakes or when things had gone wrong. For example, we found records of identified medicines errors and medicine losses showing they were investigated and communicated to relevant people where needed.
●The registered manager understood their responsibility to let others know if something went wrong in response to their duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
●The registered managers told us there were currently no formal meetings held for people and their relatives which was confirmed by people we spoke with. No negative issues were raised about this and people told us the service management were available to speak with if needed.
●People we spoke with, or their relatives, told us they felt involved in day to day matters within the service and that staff and management listened to them. One person commented, "[Registered manager names] run things I think, I see them regularly."
●A survey of people and their relatives, or those acting on their behalf, had been completed in 2019 which evidenced positive results. No feedback or reviews had been left on a national website used by the provider.

●Staff we spoke with felt able to contribute to the running of the home and commented that the registered managers were open to ideas and suggestions. Although staff meetings were not held regularly, no concerns were raised about communication within the service.