Summerley Care Homes LLP

Summerley 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

Overall summary

Summerley Care Home provides care and support for up to 18 older people with a variety of long term conditions and physical health needs. It is situated in a residential area of Bognor Regis, West Sussex. At the time of our inspection there were 18 people living at the home. People had there own room and some rooms were en-suite. There was a dining and lounge area which had recently been extended and garden area that people could access.

The service had a registered manager. 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.'

Summary of findings

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. Medicines were managed, stored, given to people as prescribed and disposed of safely.

People were protected by staff who knew how to recognise and report the signs of abuse. Staff had received regular safeguarding training.

Safe recruitment practices were followed. Disclosure and Barring Service checks (DBS) had been requested and were present in all checked records. There were sufficient numbers of staff on duty to keep people safe and meet their needs.

People's rights were upheld as the principles of the Mental Capacity Act and the Deprivation of Liberty Safeguards had been adhered to. The registered manager had made applications for all the people living at the home. We were told that these had been carried out with support from the community psychiatric nurse to ensure they accurately reflected people's current level of need.

Staff had undertaken a comprehensive training programme to ensure that they were able to meet people's needs. New staff received an induction to ensure they were competent to start work.

People received enough to eat and drink. Staff encouraged people to be as independent as possible with tasks. People who were at risk were weighed on a monthly basis and referrals or advice were sought where people were identified as being at risk.

Staff knew people well and they were treated in a dignified and respectful way. A visiting relative told us, "They're the most caring staff I've ever come across and they look after each person as an individual".

Staff encouraged people to remain as independent as possible. We saw that the guidance in people's care plans reminded staff to encourage people to be as independent as possible

The care that people received was responsive to their needs. People's care plans contained information about their life history and staff spoke with us about the importance of knowing people's history. We were told, "They've all had lives, we like to find out the tiny things that make their lives".

There were planned and meaningful activities available to people. There were scheduled external entertainers who visited and offered activities such as gardening and music classes. People enjoyed taking part in the activities and also speaking with staff and other people at the home.

Quality assurance systems were in place and were used to continuously improve the service. The registered manager had an 'open door' policy and staff were encouraged to discuss any concerns they had. There was an open culture at the home and staff told us they would be listened to and supported by the registered manager if they raised a concern

Relatives and staff spoke highly of the registered manager and felt they would be able to approach them with any concerns. One visiting relative told us "I've recommended this service to three other people and they have all had their parents in here".

Summary of findings

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 safe.

Staff had received safeguarding training and knew how to recognise and report abuse

There were sufficient numbers of staff to make sure that people were safe and their needs were met

Risk assessments were in place and were regularly reviewed to ensure that they reflected people's current level of risk

Medicines were managed safely.

Good

Is the service effective?
The service was effective.

Staff had received training as required to ensure that they were able to meet people's needs effectively

People were supported to maintain good health and had regular contact with health care professionals

People's rights were protected as the principles of the Mental Capacity Act and the requirements of the Deprivation of Liberty Safeguards (DoLS) were followed

Good

Is the service caring?
The service was caring.

People were treated in a dignified and respectful way

People and those that mattered to them were involved in decisions about their care

Staff were kind, caring and reassuring with people.

Good

Is the service responsive?
The service was responsive.

There were structured and meaningful activities for people to take part in

People received care which was personalised and responsive to their needs

Complaints were dealt with promptly and in an informal way.

Good

Is the service well-led?
The service was well led.

People and their relatives were positive about the quality of care delivered.

Quality assurance systems were in place and were used to improve the service

Staff felt supported and were able to discuss any concerns with the registered manager

Good

Summerley 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.

The inspection took place on 29 and 30 October 2015 and was unannounced. One inspector and an expert by experience undertook 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.

Before the inspection, we checked the information that we held about the home and the service provider. This included previous inspection reports and statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We also reviewed feedback from health and social care professionals. We used all this information to decide which areas to focus on during inspection.

Some people living at the service were unable to tell us about their experiences; therefore we observed care and support in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with three people, three relatives, the registered manager, the deputy manager, the chef and three care assistants. We also spent time looking at records. These included five care records, three staff records, medication administration record (MAR) sheets, staff rotas, the staff training plan, complaints, quality assurance audits and other records relating to the management of the service. Following our inspection we spoke with a health care professional who visits the service regularly.

The service was last inspected on 6 June 2014 and no issues were identified.

Good

Is the service safe?

Our findings

People told us they felt safe at the home. We spoke with a relative who told us "I feel at ease, I can go home and know he's well looked after." People were cared for by staff who knew how to recognise the signs of possible abuse. Staff were able to identify a range of types of abuse including physical, financial and verbal. Staff were aware of their responsibilities in relation to keeping people safe. Staff felt that reported signs of suspected abuse would be taken seriously and knew who to contact externally should they feel their concerns had not been dealt with appropriately. A member of staff explained that they would discuss any concerns with the registered manager or the provider. If they did not feel the response was appropriate they knew which outside agencies to contact for advice and guidance. Staff said they felt comfortable referring any concerns they had to the registered manager if needed. The registered manager was able to explain the process which would be followed if a concern was raised.

Systems were in place to identify risks and protect people from harm. Risk assessments were in place and reviewed monthly. Where someone was identified as being at risk actions were identified on how to reduce the risk and referrals were made to health professionals as required. Before people moved to the home an assessment was completed. This looked at the person's support needs and any risks to their health, safety or welfare. Where risks were identified these had been assessed and actions were in place to mitigate them. Staff were aware of how to manage the risks associated with people's care needs and how to support them safely. For example, one person had a sensor mat in place in their bedroom which alerted staff if they tried to get out of bed. The registered manager told us they had recently fallen in their room. We reviewed this person's care plan and saw that their risk assessment and care plan had been updated to reflect this increase to their falls risk and the plan to manage this risk including the user of the sensor mat.

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. We observed medicines being administered and staff doing this safely. Medication Administration Records (MAR) were in place and had been correctly completed. Medicines were locked away as appropriate and where refrigeration was required, temperatures had been logged and fell within guidelines that ensured the effectiveness of the medicines. Medicines were stored appropriately. However on the first day of our inspection the daily temperature of the storage room was not being monitored and recorded. We spoke with the registered manager about this and on the second day of our inspection they showed us that the temperature was being monitored and recorded. Only trained staff administered medicines. The registered manager completed an observation of staff to ensure they were competent in the administration of medicines. Controlled drugs were stored safely and temperatures were monitored and recorded. Fridge temperatures were checked daily to ensure the effectiveness of medicines stored there. We carried out a random check of the medicines stock and they matched the records kept.

Safe recruitment practices were in place and records showed appropriate checks had been undertaken before staff began work. Disclosure and Barring Service checks (DBS) had been requested and were present in all checked records. Staff files contained two references had been obtained from current and previous employers, two forms of photographic identification had been provided. Records also contained records of staff induction, competency observations and training certificates.This ensured the provider and registered manager could make safer recruitment decisions and assess employee's fitness to work in the home.

Relatives told us they felt there were enough staff. A visiting relative told "As far as I know there are enough staff here and they know what they are doing."There were sufficient numbers of staff on duty to keep people safe and meet their needs. We reviewed the rota and the numbers of staff on duty matched the numbers recorded on the rota. Staff told us they felt there were enough staff on duty. We observed that people were not left waiting for assistance and people were responded to in a timely way. The registered manager told us each person had an individual dependency score which was kept in their care records and this was used to monitor the care that people needed. The registered manager spoke with us about people's fluctuating needs and how this impacted on staffing levels.We looked at the staff rota for the past four weeks. The rota included details of staff on annual leave or training. Shifts had generally been arranged to ensure that

Good

Is the service safe?

known absences were covered. The registered manager told us that they rarely used agency staff as they liked to ensure that staff had a good understanding of people's needs and the care they needed.

Good

Is the service effective?

Our findings

Consent to care and treatment was sought in line with legislation 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 make 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us that DoLS applications had been made for all people living at the service. We looked at four people's care records and a mental health assessment was completed on admission and reviewed monthly. The registered manager told us that they completed the capacity assessments with the community psychiatric nurse to ensure they took other health care professionals' views into consideration. People were able to make day to day choices and decisions, but where decisions needed to be taken relating to finance or health, for example, then a best interest meeting would be held for people who lacked capacity. A best interest meeting is where care professionals and relatives would make a decision on the person's behalf. Where possible, the person would also be invited to the meeting. Capacity assessments had been completed appropriately for people and were in their care records. This ensured that people's rights to consent to care and treatment had been protected

Staff had undertaken appropriate training to ensure that they had to skills and competencies to meet people's needs. The registered manager told us that staff received a combination of online and face to face training dependent on the content of the training. Staff spoke with us about the range of training they recevied which included safeguarding, food hygiene and dementia training. New staff undertook a comprehensive induction programme which included essential training and shadowing of experienced care staff. Staff had completed the provider's induction checklist which involved familiarisation with the layout of the building, policies and procedures and the call bell system. The registered manager told us that all new staff now completed the Care Certificate. There was a formal supervision and appraisal process in place for staff and action which had been agreed was recorded and discussed at each supervision meeting. Staff received supervision every six weeks and received minutes which detailed what had been discussed. Staff confirmed that they had regular supervisions and told us that they found these helpful.They discussed individual people and how best to support them and any other issues relating to their role.

People were supported to maintain good health and had access to health professionals. Staff worked in collaboration with professionals such as doctors and the falls prevention team to ensure advice was taken when needed and people's needs were met. A health care professional told us, "They're a good team, they are good at reporting to us, they're quick to get us involved". There were individual sections within people's care records which included hospital notes, GP notes and dentist notes. These recorded the date of the visit, the reason for the visit, the outcomes and actions needed. People's healthcare appointments were recorded in a diary which acted as a reminder to staff when appointments were due.

Dietary needs and nutritional requirements had been assessed and recorded. Weight charts were seen and had been completed appropriately on a monthly basis. The Malnutrition Universal Screening Tool (MUST) tool was used to promote best practice and identified if a person was malnourished or at risk of becoming malnourished. People who were at risk were weighed on a monthly basis and referrals or advice was sought where people were identified as being at risk.

We observed a lunchtime experience and saw that people were supported to have enough to eat, drink and maintain a balanced diet. People were offered a choice of drinks. Staff encouraged people to be as independent as possible with tasks. We saw a staff member cut one person's food into small pieces and offer support and encouragement for them to eat independently rather than offer physical assistance with eating. We reviewed this person's care plan and this detailed the support to offer this person to ensure they were encouraged to remain as independent as

Good

Is the service effective?

possible. Staff interacted with people throughout the lunchtime meal and people appeared to enjoy this as they were smiling. Staff knew who liked to sit together at mealtimes and ensured that people sat together so it was a social experience as well.

Relatives felt that people had enough to eat and drink and their personal preferences were taken into consideration. We were told, "They give mum a small plate of food. If we give mum a big plate of food she won't touch it but give her a little bit and she eats it up. She can then have more. She's physically well, and not a fussy eater." In the kitchen there was a list of people's birthdays and staff told us the chef made each person a cake to celebrate their birthday. Staff were knowledgeable about people's dietary needs and preferences. For example the chef told us they gave consideration to options given to people with diabetes.

The registered manager told us they had recently been improving the premises to make them more 'dementia friendly'. A dementia friendly environment is an environment which takes into consideration the needs of people living with dementia and allows them to find their way around the home safely and independently. People's bedrooms were personalised with possessions such as pictures, bedding and furniture. In the dining area there was a noticeboard which detailed the day, date, weather and the staff members on duty. This information was displayed with words and also pictures which helped to orientate people to time and place. There was also pictorial signage to indicate the menu choices available that day. There was clear signage throughout the building and pictorial signs were displayed on the toilets and bathrooms to help people living with dementia orientate themselves independently.

Good

Is the service caring?

Our findings

People spoke positively of the caring manner of staff. A relative told us, "He could not be in a better place. He's been here for 18 months now. The previous service he was in wasn't good and I had to take him out of there. It's always clean and warm and the food is fantastic. The staff could not be kinder. I feel at ease – I can go home and know he's well looked after". Another relative said, "They're the most caring staff I've ever come across and they look after each person as an individual. There's a low staff turnover. Mum's been here for five and a half years and I come in at odd times. The staff don't know I'm here all the time but I've never heard a cross word. They have infinite patience. They know what mum likes and doesn't like. She's very frail. Having a bath drains her so they bath her in the evening and give her tea in bed." Another visiting relative told us, "Staff take time to talk to [named person]. He likes to talk about haulage and photography and they are happy to chat to him about what is important to him."

We spent time observing care practices in the communal area of the home. We observed staff maintained people's privacy and that they knocked before entering people's bedrooms. At times we saw staff knelt down when talking to people so that they were at the same eye level.

A visiting relative told us "Staff are always kind and have a laugh with them. When we go mum cries but someone (staff member) always comes and sits with her." We saw that when this relative left the home staff spent time comforting this person who quickly accepted that their relative would return to visit another time.They then decided to join their friend for lunch in the dining room.

People's care plans contained guidance for staff on how to maintain people's dignity while supporting them with personal care tasks. The registered manager told us they ensured staff treat people with respect and dignity by focusing on this aspect of care in the induction of new staff; it is also regularly discussed at supervision and team meetings.

We saw staff spent time speaking with people and sharing jokes while supporting them. People appeared comfortable with staff and enjoyed these interactions. We saw staff hold people's hands when reassurance was needed. People were gently and kindly encouraged when walking from one room to another. Staff knew which people needed equipment to support their independence and ensured this was provided when they needed it. A member of staff was encouraging someone to walk to the dining room. They said, "(named person) you've done really amazingly, you can do it you're doing really well". We reviewed this person's care plan and saw that it detailed that this this person should be encouraged to walk independently and needed lots of encouragement. Staff told us "it's about never taking over things they can do themselves". Staff took time to make sure people understood what had been said or asked by making eye contact and repeating questions if needed. We saw that staff were gentle and friendly when they spoke with people and were quick to respond to requests in a kind and pleasant manner.

People's rooms were personalised with possessions such as pictures, family photographs and bedding. We saw one person's room who enjoyed painting and their room was decorated with their drawings and paintings. Staff had a good understanding of people's needs and individual likes and dislikes and understood the importance of building relationships with people. There were photos of people and staff taking part in activities and events throughout the home. The registered manager told us that people were involved in choosing the pictures which were hanging on the walls of the home.

People told us that they could make choices in the support that they received and in their daily routines such as what time they get out of bed. We were told, "I can get up when I want to and go to bed when I want to. If I don't like the food I don't eat it". A visiting relative told us people were included in daily decisions such as what clothes they would like to wear. One relative explained, "Mum always liked her clothes and had lots of them; the staff encourage mum to choose her clothes and dress herself." We saw that people were offered a choice of where they would like to spend their time and most people chose to spend their time in the lounge.

People were encouraged to be as independent as possible. One member of staff spoke with us about the care they offered someone "I got (named person) up this morning. I part dress him and he does up his buttons and he likes to help me make his bed." We saw that the guidance in people's care plans reminded staff to encourage people to be as independent as possible. One person's personal care

Good

Is the service caring?

plan reminded staff to promote the person's independence and detailed which tasks this person could carry out themselves and which tasks they needed encouragement or physical assistance with.

People were involved in the care which they received. People had consent forms within their care plans which they had signed to say that they were in agreement with the care being provided. It also stated and that any changes would be explained by staff and their family members of representatives would be kept informed of any changes. We saw one person's care plan that read "(named person) requires occasional reminding that she has the right to access all the information stored in her care plan. (Named person) should be reminded that she only needs to ask a member of staff". People's relatives told us they they were involved in discussion about their family members care. When discuss care plans with a relatives they told us "we went through it not that long ago".

Family and friends were able to visit without restriction and relatives told us that staff were always welcoming and happy to spend time speaking with them about their family members. We were told, "I can visit whenever I want to - I come two or three times a week". One relative told us that their family member visited them at home once a week and staff ensured that he had anything that he may need for the visit home such as medicines. Throughout our inspection we saw relatives speaking with people in the lounge area and some chose to spend time in people's bedrooms. We also saw two people's grandchildren visit. The children appeared to feel comfortable and enjoyed interacting with their relative and the other people in the lounge. People enjoyed spending time with the children that visited and spoke with us about how they enjoyed seeing them grow up and develop new skills like walking and talking.

Good

Is the service responsive?

Our findings

Staff knew people well and understood how they liked to be supported. Care plans included information on people's key relationships, personality and preferences. They also contained information on people's social and physical needs. People's care plans contained a section detailing communication with healthcare professionals such as the GP. Care plans contained information on people's life history which gave staff information about the person's life before they moved into the home. Staff spoke with us about the importance of knowing people's life history and said, "They've all had lives, we like to find out the tiny things that make their lives". Life history information allowed staff to have a good understanding of people which enhanced the personalised care which people received.

Care records also included copies of social services' assessments completed by referring social workers and these were used to inform people's care plans. Where appropriate people had a Do Not Attempt Resuscitation (DNAR) orders in place at the front of their care plan. A DNAR is a legal order which tells medical professionals not to perform cardiopulmonary resuscitationon a person. Staff told us they found care plans helpful and that change to the support people needed was discussed at the daily staff handover. We saw staff discussed changes to people's medicines and the reasons the GP made the decisions. Where people displayed behaviour which may be challenging we saw that they had behaviour monitoring charts in place which detailed when and where the incident had taken place, events leading up to the incident, the behaviour which was displayed and what action was taken. The care plan also detailed how best to support this person to reduce the likelihood that they may become upset. A family member told us that the care provided had taken into consideration their relative's changing needs. As their health condition changed they no longer liked using the stairs or the lift. The registered manager arranged for the person to move to a ground floor room as soon as was possible.

Daily records were kept in individual diaries for each person. These recorded what the person had to eat, what support had been offered and accepted. The diaries also recorded information about people's moods and behaviours, any concerns and what action had been taken by staff. This ensured the person's needs could be monitored for any changes.

People's social and recreational needs were assessed. Copies of the activities on offer were available for people to read through and they were displayed throughout the home. We saw people speaking with staff about areas which interested them such as cars and photography. Relatives told us they felt there were enough activities for people to take part in. There was a gardener who visited two or three times a week. Staff told us that people enjoyed planting seeds and flowers in the garden and watching them grow during the summer months. We saw there were planned weekly and monthly activities. There were activities such as singing, chair exercises, reminiscence and quizzes. There were also scheduled external entertainers who visited and offered activities such as gardening and music classes. On the first day of our inspection a singer and musician visited. People enjoyed this and were observed smiling and singing along with the songs. We also saw people take part in an activity where a member of staff threw a soft ball to people and they then threw the ball back to the staff member. People appeared to enjoy this activity and were smiling and laughing with the staff member. Staff also respected people's choice to spend time alone and take part in quieter activites. We spoke with a relative who told us "They always allow my husband to sit in his favourite place. He sits there and reads his paper, which he has delivered." A varied and engaging programme of activities ensured people's social and psychological needs were met and reduced the risk of social isolation.

There was a complaints policy in place and the registered manager told us that they would document the concern, respond promptly and ensure that the person or relative was keep informed throughout. A relative told us they knew how to make a complaint but had never had to complain as issues were dealt with quickly. Staff demonstrated an understanding of how to deal with a complaint. Staff told us they would pass a complaint on to the registered manager or deputy manager. The relative added, "I try to come once a week and my brothers come too. I would be happy to raise a complaint but I've never had to".

Good

Is the service well-led?

Our findings

Quality assurance systems were in place to regularly review the quality of the service that was provided. There was an audit schedule for aspects of care such as medicines, support plans and infection control. Specific incidents were recorded collectively such as falls, changing body weight and pressure areas, so any trends could be identified and appropriate action taken. Environmental risk assessments were also carried out and there were personal evacuation plans for each person so staff knew how to support people should the building need to be evacuated.

Staff said team meetings allowed them to communicate their views about the policies and procedures in the home as well as to discuss arrangements for meeting people's needs. They also said they were consulted about any proposed changes. Staff said they felt valued, that the registered manager was approachable and they felt able to raise anything which would be acted upon. Staff were aware of the whistleblowing policy and knew how to raise a complaint or concern anonymously. The registered manager felt confident that staff would report any concerns to them, they told us "They're very good at reporting anything, staff are really vigilant". The registered manager valued their staff team and told us that they ensured staff received regular supervision as the work at times could have a negative emotional effect. Staff told us they had been offered counselling when they needed. They told us,"It can be mentally draining watching people when they have their dips, seeing dementia slowly changing people. I like to think we make a difference."

People, relatives and healthcare professionals spoke positively of the services provided and staff. A visiting relative spoke highly of the home and told us, "I've recommended this service to three other people and they have all had their parents in here – they've all said how brilliant it is and how lovely the staff were when their parent passed away". People told us the home was well led and that there was regular contact with the registered manager. We also reviewed the thank you cards which the home had received. The comments read included: '(named person) could not have been in better care,' 'Always felt he was in good hands and enjoying life as best as he could' and 'Thank you for the kindness and understanding you have shown to my dad and us.'

Relatives spoke positively of the registered manager and told us they were a "lovely, open, friendly person." We were also told there was a stable staff group at the home, that staff knew people well and that people received a good and consistent service. The registered manager told us they rarely used agency staff as they wanted to ensure they maintained the quality of the care that people received. The registered manager spoke with people and staff in a warm and supportive manner.

The registered manager was able to describe the vision and values of the home. They told us, "It's about making a home so that people feel comfortable. Our main focus is the residents, ultimately it's all about them". They emphasised the importance of ensuring the staff team were aware of the home's values and explained, "We discuss the values in induction, staff meetings and supervision. We want them to have the same values we have". Staff shared the same values of the home and spoke with us about these saying, "It's their last home and you want to make it the best they can have".

Relatives and professionals were asked for feedback annually through a survey. We reviewed the relatives' survey and saw that this included their views on the standard of the accommodation, if they were made to feel welcome and if staff had a good understanding of people's needs. The feedback was positive and comments were, 'We're made to feel welcome, even when I visit at what looks like a particularly busy time' and, 'Mum's needs are always met in a way so she maintains her dignity'. The feedback from professionals asked for their views on the care provided and the response from staff. The comments were all positive and one read, 'My favourite residential home in our area.' Another read, 'Residents are treated as individuals and the staff go out of their way to get to know every resident'. There were also six monthly relative and residents' meetings. We reviewed the minutes of the most recent meeting in April 2015 which referred to proposed changes to the home and how people would like the lounge decorated. The registered manager told us some relatives came along to the meetings although others preferred to speak with them individually or with a member of staff when they visited. The registered manager was in the process of putting together a newsletter for people and relatives as some family members at the previous meeting had said that a newsletter would let them keep up to date on what was going on in the home if they were unable to attend the meetings. Feedback from people was gained on

Good

Is the service well-led?

an informal basis through day to day conversations between the staff and people. There was a suggestions box which people were able to post anu suggestions or feedback although the registered mananger told us that people preferred to speak with her throughout the day. People were also encouraged to offer any feedback at the residents meetings.

The registered manager was supported by the provider and met weekly to discuss any concerns or update on any changes. The registered manager told us they felt comfortable addressing any issues with the provider and was open with him about challenges which they might face. The registered manager ensured that they had support within their role through regular contact with managers from other services and by taking advice and guidance from other health care professionals in the local area. The provider had recently made changes to the premises to increase the size of the lounge area to ensure that people had enough space to socialise with one another and take part in the activities offered. People and their relatives told us that throughout the refurbishment they were kept informed of any changes and the impact that this would have on the care being offered. Relatives told us that they felt this change was well managed and the refurbishment had improved the quality of the lounge area. Staff told us, “The owner is very quick to respond if maintenance or decorating need doing. He’s a perfectionist.”