Sanctuary Care (South West) Limited

# Dunollie Residential and Nursing Home

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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

# Summary of findings

## Overall summary

This inspection took place on 26 and 31 July 2018. The first day of our inspection was unannounced; the second day was announced.

Dunollie Residential and Nursing Home is registered to provide residential and nursing care for up to 50 older people who may be living with a physical disability or dementia. The service 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.

Accommodation is provided in an extended building across three floors and a smaller detached property on the same site. At the time of our inspection, there were 45 people using the service. Thirty-three people had nursing needs and 12 people were receiving residential care.

The service had a registered manager. They had been the registered manager since March 2016. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in May 2017, we identified breaches of regulation relating to the premises and equipment and the governance of the service. This was because areas of the service were unclean and infection prevention and control practices needed to improve. Audits had been ineffective in monitoring and maintaining standards of hygiene and promoting good infection prevention and control practices.

At this inspection improvements had been made and the provider was now compliant with these regulations. The service was clean and free from malodour. Systems were in place to make sure areas of the service were regularly cleaned. The registered manager acted on feedback about the storage of some equipment and developing cleaning schedules and checks of air-mattresses and cushions.

Records relating to medicines in stock and those administered were not always accurate. This placed people at increased risk of harm. We made a recommendation regarding managing and auditing medicines.

Staff were safely recruited. We received mixed feedback about staffing levels. Some people told us staff were busy at times and not always available to provide support. The provider used a dependency tool to monitor staffing levels and we observed sufficient staff were deployed to safely meet people's needs.

People told us they felt safe living at Dunollie Residential and Nursing Home. Staff were trained to recognise and respond to safeguarding concerns. Risk assessments contained appropriate information to guide staff on how to safely meet people's needs.

Maintenance checks helped make sure the home environment and equipment were safe. The provider had systems in place to minimise the risks associated with a fire occurring.

Action had been taken to create a 'dementia friendly' environment. We made a recommendation about changes that could be made to further develop this.

Staff received regular training; they told us they preferred face to face practical training to some of the online 'eLearning' courses on offer.

New staff provided positive feedback about the support and guidance provided during their induction. Staff received regular supervision and an annual appraisal of their performance to support their wellbeing and continued professional development.

Nurses completed additional training and were supported with their revalidation requirements.

We received positive feedback about the food. Staff supported people to eat and drink enough and worked effectively with healthcare professionals to make sure people's needs were met.

People had choice and control over their daily routines. Staff supported people to make decisions and respected people's choices. Mental capacity assessments and best interest decisions had been documented when necessary. The registered manager appropriately applied to deprive people of their liberty when necessary.

Staff were kind and caring in the way they supported people. People told us staff supported them to maintain their privacy and dignity.

Care plans contained appropriate information and detail to support staff to provide person-centred care. Staff showed a good understanding of people's needs and the support they required. The registered manager had introduced changes to how care plans were reviewed to make they consistently contained more person-centred information about how people's needs were met.

Staff worked closely with professionals to meet people's complex nursing needs. This included working with the local hospice to meet people's needs at the end of their life.

There were a range of activities on offer and people were happy with the opportunities available to them. Staff supported people to spend their time how they chose and to pursue their own hobbies and interests.

People told us they felt able to raise and issues or concerns. The provider had a formal system in place to manage and respond to any complaints.

People told us the service was well-led and gave consistently positive feedback about the registered manager.

The registered manager and provider completed regular audits to monitor the service provided. Records were organised and there were clear systems and processes in place to oversee and coordinate the effective management of the service.

## 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.

Records of medicines administered were not always accurate. This put people at increased risk of harm.

The home environment was clean and improvements had been made to infection prevention and control practices.

People gave mixed feedback about staffing levels, but sufficient staff were deployed to keep people safe.

Staff were safely recruited.

Risks were assessed and appropriate care plans and risk assessments were in place to support staff to safely meet people's needs.

### Is the service effective?

**Good**

The service was effective.

Staff completed regular training, and we received positive feedback about the face to face learning opportunities.

Nurses were supported to develop their clinical skills.

Staff sought people's consent before providing support. Applications had been made when needed to deprive people of their liberty.

Staff worked closely with healthcare professionals to make sure people's needs were met.

We made a recommendation about developing a more dementia friendly environment.

### Is the service caring?

**Good**

The service was caring.

Staff treated people with kindness and were attentive and caring

in the support they provided.

People told us they were offered choices and staff respected their decisions.

Staff respected people's privacy and supported them to maintain their dignity.

## Is the service responsive?

Good

The service was responsive.

Staff provided person-centred care to meet people's needs.

Regular and meaningful activities were on offer. People told us they were happy with the range of activities provided.

People told us they felt able to raise any issues or concerns. The provider had a system in place to investigate and respond to complaints.

## Is the service well-led?

Good

The service was well-led.

Improvements had been made to the quality of the service.

People who used the service and staff told us the registered manager was approachable and responsive to feedback.

Records were well organised and there were clear systems in place to oversee the effective running of the service.

The registered manager and provider completed regular audits to monitor and improve the quality of the service.

# Dunollie Residential and Nursing 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. The inspection was planned to check whether the provider was 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 26 and 31 July 2018. The first day of our inspection was unannounced; the second day was announced.

The first day of our inspection was carried out by two inspectors, an inspection manager and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service. They specialised in care for older people who had nursing needs and spoke with people who used the service and visitors to understand their views. They also observed interactions including the care and support provided in communal areas, with activities and at mealtimes. We were also helped on the first day of our inspection by a nurse from the Community Infection Prevention and Control Team. They provided specialist advice and guidance regarding the prevention and control of infection in a care setting. The second day of our inspection was carried out by one inspector.

Before the inspection we reviewed information we held about the service. This included notifications which providers send us about certain changes, events or incidents that occur and which affect their service or the people who use it. We contacted the local authority's adult safeguarding and quality monitoring teams as well as Healthwatch, the consumer champion for health and social care, to ask if they had any information to share.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with nine people who used the service, three people's relatives and four visiting healthcare professionals. We spoke with the registered manager and seven members of staff including nurses, care workers, the activities coordinator, housekeeper and chef.

We observed interactions in communal areas and had a tour of the service, which included, with people's permission, looking in their bedrooms.

We reviewed six people's care plans and risk assessments, medication administration records and four staff's recruitment, induction and training files. We also looked at policies and procedures, meeting minutes, maintenance records, audits and other records relating to the running of the service.

Requires Improvement

# Is the service safe?

## Our findings

At our last inspection in May 2017, areas of the service were unclean and staff had not always followed safe infection prevention and control practices. This was a breach of regulation relating to the premises and equipment. At this inspection, improvements had been made and the provider was compliant with this regulation.

The cleanliness of the service had improved. The provider had an infection prevention and control lead. The home environment was regularly cleaned and not malodorous. People who used the service told us, "My bedroom is cleaned very well every day" and "Every morning there's someone in doing something." A visiting professional said, "The communal areas and rooms look clean. This is one of the better homes in terms of cleanliness."

We suggested changes around the storage of commode pans, urine bottles and catheter stands when not in use, cleaning radiator covers and regularly checking chairs, air mattresses and pressure relieving cushions. By the second day of our inspection the registered manager had acted to address these issues.

The provider had a medication policy and procedure and staff who administered medicines had completed training. The registered manager made sure staff's competency had been assessed to check they understood and followed best practice guidance.

Medicines were securely stored at a safe temperature. Safe systems were in place to for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). Systems were in place to support staff to administer medicines prescribed to be taken only when needed, such as pain relief, and to dispose of unused medicines.

Staff used Medicine Administration Records (MARs) to document the support provided for people to take their medicines. These showed the majority of medicines had been administered appropriately. There were some issues we discussed with the registered manager on the day of our inspection. These included missing signatures on the MARs and stock balances which were not accurate. There was one example where doses of a person's medicine had not been administered as staff wrongly believed it to be out of stock. Although people who used the service had not come to any harm, improvements were needed to address these issues. Following our site visits, the registered manager told us two nurses were checking MARs each day to identify and address any gaps or recording issues in response to our concerns.

We recommend the registered manager review best practice guidance relating to managing medicines in care homes.

People who used the service gave mixed feedback about staffing levels. They told us, "There are sufficient staff", "It depends on what they are doing; if they're with someone else they can't come quickly", "It's not their fault as sometimes they are somewhere when you call them, but they do come" and "They do come quickly when you need help."

A visitor said, "There is just about enough staff. I think at weekends they struggle a bit, but they do their best, I'm always able to get hold of somebody – I press the call bell or I go and find them."

The registered manager used a 'dependency tool' to help work out how many staff were needed on each shift. They aimed to have two nurses and seven care workers on duty during the day and one nurse and four carer workers on duty at night. The provider employed extra staff to organise activities, support with administration, work in the kitchen, to clean the service, do laundry, and for maintenance of the building and garden.

Staff gave generally positive feedback about staffing levels. They said, "The majority of the time we have enough staff, everyone pulls together. Whenever we are short staffed we always help each other out" and "It's very rare we use agency staff. There is always someone willing to help."

Staff promptly answered people's call bells and responded to requests for assistance throughout our inspection. They were visible in communal areas and available to provide help when needed. This showed us enough staff were deployed to safely meet people's needs.

People who used the service told us they felt safe living there. Feedback included, "Yes I feel safe, because I'm clean and fed", "The windows have locks on and whoever is on at night walks around and checks on everyone to see if you are ok" and "It's super in many ways. You can't have it perfect, but it's as good as a home can be." A visitor told us, "[Name] loves it here, I don't think it could be better."

The provider had a safeguarding policy and staff completed training to help them identify and respond to any safeguarding concerns. The registered manager appropriately reported safeguarding concerns and worked with the local authority to investigate and address any concerns.

The provider safely recruited staff. New staff completed an application form, had an interview and had to provide references before starting work. The registered manager made sure Disclosure and Barring Service (DBS) checks had been completed. These help employers make safer recruitment decisions by helping to prevent unsuitable people from working with adults who may be vulnerable.

The registered manager checked with the Nursing and Midwifery Council (NMC) to make sure nurses working at the service had active registrations to practice.

Staff used risk assessments to identify people's needs, any risks involved with supporting them and to plan how best to meet those needs in a safe way. Risk assessments covered all aspects of people's care and support needs including the support provided with moving and handling, to minimise the risk of falls and to help maintain people's skin integrity. Risk assessments contained proportionate information and clearly set out how support should be provided to keep people safe. They were regularly reviewed and updated to make sure they continued to reflect people's needs.

Staff documented any accidents or incidents involving people who used the service. These records included information about what had happened and how staff responded including whether any medical attention was needed. The registered manager reviewed these records to identify patterns or trends.

The registered manager made sure regular health, safety and maintenance checks had been completed on the building, utilities and any equipment used. This helped keep people safe.

Systems were in place to manage and minimise the risks associated with a fire. Personal Emergency

Evacuation Plans (PEEPs) showed staff had assessed the level of support people would need to safely evacuate the building in an emergency. The provider had a business continuity plan setting out how they would continue to meet people's needs in an emergency such as a heatwave or if the gas and electricity failed.

Good

# Is the service effective?

## Our findings

The service was not purpose built for people who may be living with dementia, but action had been taken to develop a dementia friendly environment. The service was bright and spacious, with lots of natural light. Doors were locked when necessary to prevent people accessing the stairs, which were a risk to their safety. There was signage in communal areas to help people find their way around. Some people's bedrooms had their names on, but signage could be developed to help people identify their rooms. Contrasting coloured crockery and table mats could be used to make the dining experience more dementia friendly.

We recommend the provider reviews good practice guidance on dementia friendly environments.

People who used the service gave generally positive feedback about the staff who supported them. They told us, "They are, very efficient", "Some are better trained than others", "They're all different, some are very good" and "To be honest one or two are a little below par, but on the whole they are very good." A relative said, "They are very professional, the nurses are first class." Visiting professionals told us, "The staff are helpful and the nurses are on top of things" and "The staff are really great."

New staff completed training and shadowed experienced members of the team to develop their knowledge and confidence. They provided positive feedback about this process and told us they were given the time and support needed to learn and develop in the role.

Staff completed a mixture of on-line 'eLearning' and practical training courses. Feedback about the training was positive overall, but staff told us they preferred 'face to face' training rather than online eLearning courses. Comments included, "You learn new things every day. I love working here", "It's quite good the training, you can get involved. I would prefer not to do eLearning though. I learn more by talking about things rather than sitting and reading" and "eLearning in my opinion is not the best way to learn."

Staff were 95% compliant with training the provider considered to be mandatory. The registered manager had a system in place to identify when training needed to be updated and to make sure this was completed in a timely manner.

Nurses were supported to complete additional training to develop their clinical skills. They also attended regular nurse's meetings and discussed clinical issues with the deputy manager. They told us they were happy with the support and training provided, which helped them to meet their revalidation requirements.

Staff had regular supervision meetings and an annual appraisal of their performance. These meetings provided an opportunity for feedback on practice, to discuss wellbeing, training needs and any issues or concerns staff had. Staff consistently told us they felt supported and they could speak with the registered manager if they had any issues or concerns in between planned supervisions.

Staff supported people to eat and drink enough. We asked people who used the service about the food. They told us, "They will make you anything if you give them a day's notice", "It's lovely, sometimes I don't eat

it because it has a funny taste, but sometimes it's beautiful" and "It's really nice, I have toast for breakfast and cup of tea, and before lunch I get a snack."

We observed lunch being served. Staff offered people a choice of meals and drinks and provided alternatives if needed. They patiently supported people who needed assistance with eating. People's special dietary requirements were catered for. Staff were polite and caring in their approach and encouraged people to eat more. They offered people drinks and snacks in between meals to make sure they ate and drank enough.

Staff regularly weighed people and the registered manager audited these records to make sure appropriate action had been taken to minimise the risk of malnutrition. When necessary, staff documented people's food and fluid intake and sought advice from dieticians or speech and language therapists to make sure people's nutritional needs were met.

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 MCA 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

Staff completed training on the MCA and DoLS. Care plans showed staff had considered people's ability to make informed decisions; they had documented mental capacity assessments and best interests decisions when necessary. The registered manager had submitted applications to deprive people of their liberty when needed. This showed us people's rights were protected.

People's care plans included information about their relevant medical history and any ongoing health needs. They showed staff had liaised with healthcare professionals and incorporated their advice and guidance into the care plans and risk assessments. Staff supported people to access healthcare services when needed. People told us, "When I need anything I ask at the office, I think a doctor comes every Tuesday. The head nurse is as good as a doctor", "If I am unwell they get a doctor, no problems" and "I have no family so someone takes me to the hospital."

Visiting healthcare professionals told us staff provided good care, and appropriately asked for additional advice and guidance when needed. A visiting professional said. "They are keen to engage with us to get some help and support. The things I have suggested have been put in place, they really listen and appreciate the support."

Good

# Is the service caring?

## Our findings

Staff were kind and caring. People who used the service told us, "Oh they are good and there are one or two exceptions that are very good", "Everybody is kind", "They look after me pretty well" and "They're lovely."

Relatives of people who used the service said, "They are very caring. They're very professional, dedicated and kind and it's not an easy job. They treat [Name] very well. They are aware of their needs" and "They are definitely caring. There's not a bad one amongst them and they are very efficient. I've no problems at all with the staff."

Visiting professionals told us, "The patients that I've seen seem happy and well cared for and the staff know a lot about them" and "I think they try and fit in with what residents want and seem really caring."

Staff used people's preferred name and spoke with them in a way which showed they understood people and recognised what was important to them. They were attentive to people's needs and supported people in a caring and patient manner. A visiting professional told us, "The staff seem quite smiley and pleasant they seem very nice to the patients."

We asked people who used the service if staff supported them to maintain their privacy and dignity. They told us, "Yes, they close the door", "Oh, they do that very well" and "On the whole they are very kind, I haven't had one who's made me upset at all."

People looked clean and well cared for. They were wearing clean clothes and staff had supported them to dress according to their personal preferences and to take pride in their appearance.

Staff respected people's privacy and personal space. They knocked on people's bedroom doors and announced their arrival before entering their rooms. Staff spoke with people in a respectful way and were caring and reassuring in the way they interacted with people. When hoisting people, staff patiently explained what they were doing, carefully arranged people's clothes and supported them in a kind and attentive way to maintain their dignity.

Communication care plans contained information to guide staff on how best to share information and communicate with people to help them make decisions. Staff showed a good understanding of the importance of offering people choices and supporting them to make decisions. One member of staff explained, "We show people options and see what is their preferred choice."

Staff offered people a choice of meals and drinks at lunchtime and supported and encouraged people to make decisions about where to go and how to spend their time. Staff offered people choices based on their knowledge and understanding of their preferences. This showed us staff knew people well and understood their needs.

People who used the service were given a 'Resident Information Guide', which contained important

information about the service as well as details about how to get an advocate. Advocacy services provide support to people to make sure their wishes and views are heard on matters that are important to them.

Staff completed training on equality and diversity. Equipment and adaptations were in place to support people to move around the service and staff prompted and encouraged people to maintain their independence. This showed us people were not discriminated against or unduly restricted.

Good

# Is the service responsive?

## Our findings

People told us staff were responsive. A person who used the service said, "The staff are all kind, if you have any problems you just ask." A visitor told us, "They are very responsive, if you ask them to do anything they'll do it."

Staff understood the importance of getting to know people and how they like to be supported. One member of staff explained, "It's nice when you can spend time with the residents and get to know them. Some people have certain routines and we get to know what they are. We look at their care plan and then speak to them too to ask what they like."

Staff had assessed people's needs to find out what care and support they required. This information was used to develop care plans and risk assessments, which outlined what support was needed and how those needs should be met. People's care records also included a 'resident profile' with information about their history, important people in their lives as well as likes, dislikes hobbies and interests. This helped staff to get to know people and understand what was important to them.

Care plans and risk assessments contained person-centred information relating to people's nursing needs and incorporated guidance from healthcare professionals when necessary. For example, people who were at risk of choking had been seen by speech and language therapists and appropriate diets prescribed. People's care plans included information about their dietary needs, the risks and guidance for staff on how these should be managed.

Appropriate equipment and adaptations were in place for people who were nursed in bed. This included air-mattresses to reduce the risk of developing pressure sores and bed rails to prevent people rolling out of bed. The use of bed rails had been risk assessed to make sure they were appropriate and safe.

Staff kept a daily record of the care and support provided and used monitoring chart to make sure people's needs were met. These included charts to record people's daily food and fluid intake, to make sure people were supported to reposition regularly and charts to records welfare checks throughout the night.

People's care plans recorded information about any decisions they or the people acting on their behalf had made regarding end of life care. They recorded people's wishes regarding resuscitation and details of any preferences people had for their funeral arrangements.

Staff had referred people to the local hospice if they were reaching the end of the life. They provided additional advice, guidance and support to staff around end of life care. Staff worked closely with the hospice to access training, advice and support around best practice with end of life care. We received positive feedback about this effective working relationship.

We identified minor examples where people's care plans would benefit from more detailed information. For example, around the positioning of cushions for a person with contractures and who was nursed in bed. The

registered manager agreed to address this and explained changes they had introduced to the way care plans were reviewed to make sure they consistently contained person-centred information.

Relatives and friends told us there were no restrictions on visiting the service and they were made to feel welcome. Staff knew people's visitors and greeted them in a warm and friendly way. This helped people to maintain relationships with people who were important to them.

The provider employed an activity coordinator to plan activities and provide opportunities for meaningful stimulation. An activity schedule was in place with planned activities every morning and afternoon. A member of staff told us, "We have a morning and afternoon activity. The activities coordinator is wonderful. The residents love bingo, snakes and ladders, we have just got a new skittles set. We make ice cream Sundays and pizzas too."

The activity coordinator explained that whilst regular events were scheduled, they changed the plans to suit people's needs and preferences on the day. People who used the service said, "There are loads of activities, they're very good", "Usually there are various things happening, I like going in the garden", "I like listening to music and the singers" and "[The activity coordinator] is very good, they do a lot of board games. They got a new game in the last two weeks which got you moving. I love the singing and I've been to church, the vicar comes and gives me mass every month."

Staff supported people to spend their time how they chose and respected people's decisions if they did not want to join in activities. People explained, "I keep myself to myself, I like reading and doing word searches" and "The activity coordinator comes and has a chat sometimes, but I'm a keen knitter and do lots of knitting and make soft toys."

The registered manager explained the work they were doing to encourage volunteers to visit the service and support with activities and provide meaningful stimulation and companionship for people who used the service. This showed a positive commitment to developing the range of opportunities for people who used the service.

The provider had a policy and procedure, which set out how they would handle any complaints about the service. A copy of this was displayed in the entrance to the service and in visible places throughout the home. The registered manager explained they were exploring whether the provider had an 'accessible' more dementia friendly version of this they could also display. Comment cards were available to enable people to leave anonymous feedback if they wanted to.

People told us they felt able to speak with staff and management if they had any issues or concerns. Feedback included, "I would go and see manager if I needed to", "I would talk to the head of staff or ask for them to come and see me" and "If things aren't right I would go and see [registered manager's name], they would put it right."

Records showed the registered manager or provider had investigated and responded to complaints about the service.

Good

# Is the service well-led?

## Our findings

At our last inspection in May 2017, the provider had not operated effective systems and processes to ensure compliance with the fundamental standards of quality and safety and to monitor and improve the service provided. This was a breach of regulation relating to the governance of the service. At this inspection, improvements had been made and the provider was now compliant with this regulation.

Action had been taken in response to concerns identified at the last inspection. Improvements had been made to infection prevention and control practices and the cleanliness of the home environment. This demonstrated positive management and leadership.

People gave positive feedback about the service and told it was well-led. Comments included, "[Registered manager's name] is very good, I find them intelligent and good to talk to. It must be difficult as there are so many people from different backgrounds, but they are able to work with them all and get the best out of them" and "It is well-led, if you want to talk to [registered manager's name] you just have to tell someone and they will come and see you, they are a nice person."

A healthcare professional told us, "This is one of the best homes in the area in my opinion. There always seems to be a pleasant atmosphere, the people who live here all general seem happy. I've never had any issues and I feel as if my instructions are followed."

The provider had detailed policies and procedures to guide staff and management on the service provided. Records were well organised and there were systems in place to gather and analyse information to support the effective management of the service. Information was securely stored, but easily accessible on request and provided a clear overview and record of the service provided.

The registered manager and provider completed regular audits to continually monitor the quality and safety of the service. These included checks on the environment and infection prevention and control practices, pressure care, care plans and weight records. Regular medicine audits had been completed, but we recommend reviewing the frequency of these to ensure the issues identified during this inspection are monitored and addressed.

The provider completed monthly visits to further audit the quality and safety of the service. Any issues or concerns were documented and incorporated into an action plan, to be 'signed off' as recommendations and improvements were implemented. This showed a systematic approach to ongoing improvements.

The registered manager held regular meetings for people who used the service, relatives and with the staff team. Minutes from resident's meetings showed positive feedback about changes made at mealtimes and new and improved menus. People were enthusiastic about some of the new dishes that had been provided and had been happy to experiment with vegetarian options. They also spoke positively about the calibre of newly recruited staff with reference to the new activities coordinator and the difference their input and dedicated hours had made.

Staff meetings provided an opportunity to discuss staffing, care planning and training. It was clear these were informative and staff could participate and share ideas. This showed an open and inclusive management culture in which people's feedback and ideas were valued.

There was a positive atmosphere within the service. Staff provided positive feedback about the culture and teamwork. One member of staff explained, "It is a big family and when it comes to team work, everyone mucks in and gets on with it. We all have a laugh together, but the residents come first."

Staff told us the registered manager was proactive, approachable and acted on any issues or concerns they had. Feedback included, "[Registered manager's name] is an amazing boss, whatever needs doing it is sorted out straight away. If you have got a problem you can go and speak to them and you don't feel intimidated, their door is always open and they try to make people happy" and "Their door is always open if you need to talk to them. I can go to [registered manager's name] at any point. I really like them."