Nicholas James Care Homes Ltd

Dale Lodge

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected Dale Lodge on the 29th, 30th June and 1st July 2016. Dale Lodge provides accommodation, care and support for up to 20 older people living with dementia. Accommodation is provided in one large detached building in a rural setting. Bedrooms were located on the ground and first floor of the building. There was a large communal garden, two social communal areas and a dining room. There were 14 people living at Dale Lodge at the time of the inspection.

The service had a registered manager in post. 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.

Staff had good knowledge of safeguarding and knew what actions to take if they suspected abuse was taking place. The provider had ensured that appropriate employment checks had taken place to ensure that staff were safe to work with people at the home. There were sufficient numbers of staff to keep people safe. The provider had a system in place that allowed the registered manager to recruit more staff when the numbers of people living at the home increased. The provider gave staff appropriate training to meet the needs of people living at the service. Staff received supervisions and appraisals from the registered manager.

The provider had ensured that medicines were stored safely at all times. Medicine administration records were kept up to date by staff. Only staff trained to administer medicines did so.

The principles of the Mental Capacity Act 2005 (MCA) were applied. People were being assessed appropriately and best interests meetings took place to identify the least restrictive methods. Staff had training on MCA and had good knowledge. The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications to restrict people's freedom had been submitted and the least restrictive options were considered as per the Mental Capacity Act 2005.

People's needs had been assessed and detailed care plans developed. Care plans contained risk assessments for a wide range of daily living needs. People were supported with their diets and maintaining a healthy lifestyle. People were given options of what they would like eat. The provider had to systems in place to identify if anyone required further support managing their diets or with eating. People and their relatives told us they were involved with the planning and reviews of the care plans.

People were being referred to health professionals when needed. Staff were referring people to their GP, dentists and dieticians when it was identified that a person had a change in need.

The provider had ensured there were systems in place to reduce the risk of people obtaining a pressure sore. Clear policies and procedures gave staff guidance on how to identify those at risk and how to manage a

pressure sore.

People, relatives, visitors and health professionals spoke positively about staff. Staff communicated with people in ways that were understood when giving support. People's private information was stored securely and discussions about people's personal needs took place in a private area where it could not be overhead. Staff would not discuss people's personal information in public areas. People had freedom of choice at the service. People could decorate their rooms to their own tastes and choose if they wished to participate in any activity. Staff respected people's decisions.

The provider had ensured that there were effective processes in place to fully investigate any complaints. Outcomes of the investigations were communicated to relevant people. People and their relatives were encouraged to give feedback on their experiences. People took part in surveys and meetings and these were used to make improvements to the service. The provider had ensured that there were quality monitoring systems in place to identify shortfalls and drive forward any improvements that needed to be made.

People and staff spoke positively about the registered manager. The registered manager had an open door policy that was used by people, relatives and staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected against abuse by staff that had the knowledge and confidence to identify safeguarding concerns.

Medicines were safely stored and administered by staff who had received appropriate training.

The provider had ensured that there were sufficient numbers of staff to provide care and keep people safe.

The provider had ensured that there were effective contingency plans in place to support staff in an emergency.

Is the service effective?

Good

The service was effective.

The principles of the Mental Capacity Act 2005 (MCA) were applied in practice.

The provider had ensured that appropriate applications were made regarding deprivation of liberty safeguards.

Staff received appropriate training to give them the skills and knowledge required to provide care.

People were referred to healthcare professionals promptly when needed.

Is the service caring?

Good

The service was caring.

People spoke very positively about staff and told us they were happy with the service they were receiving.

Staff demonstrated that they had good knowledge of the people they supported.

People and relatives told us they were involved with the planning and reviews of their care plans.

People were encouraged to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People had access to a range of activities every day of the week. The activities were personalised to people's needs.

People had the freedom of choice at the service. Staff would respect people's decisions.

The provider had ensured that complaints were appropriately responded to and included a full investigation and outcomes.

People's friends and family were made welcome and supported by staff.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff spoke positively about the registered manager. Staff told us they felt supported and could approach the registered manager with any concerns.

The provider had ensured that quality monitoring systems were in place to identify shortfalls and make improvements to the service.

The provider had ensured that all policies were up to date and that staff had seen them.

Dale Lodge

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.

We inspected this service on the 29th, 30th June and 1st July 2016. This was an unannounced inspection. The inspection team consisted of one inspector, one pharmacist inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. This service was previously inspected on 8th October 2014 and we issued one requirement notice in relation to breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider sent us an action plan detailing the improvements they would make.

Prior to the inspection, we gathered and reviewed information we held about the service. This included notifications from the service and information shared with us by the local authority. The registered manager had not received and completed a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We took this into account when we made the judgements in this report.

During the inspection, we spoke with five people who lived at the service, four care staff, four relatives, two visitors the registered manager and a health care professional who worked with people at the service. We made observations of staff interactions and the general cleanliness and safety of the home. We looked at four care plans, three staff files, staff training records and quality assurance documentation. 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.

Good

Is the service safe?

Our findings

People living at the service told us they felt safe. One person told us, "Yes, I am safe and well looked after." Another person told us, "I do feel safe here." One relative told us, "Yes, in every sense of the word, my relative is safe." Another relative told us, "My relative is safe, this place is brilliant."

At our inspection in October 2014, we found that the people were not protected against the risks associated with medicines because the provider did not always have appropriate arrangements in place to manage medicines. We issued a requirement notice in relation to this breach of regulation. At this inspection, we found that improvements had been made.

People's medicines were managed, stored and administered safely. We observed three people being administered their medicines. This was done in a caring and respectful way and the member of staff stayed with people to ensure they had swallowed the medicines and drinks safely. Staff had received training on medicines, and records demonstrated that checks had been undertaken to ensure they were competent to administer them safely. Staff who administered medicines accurately signed medicines administration records (MARs) in use at the time of the inspection. We checked a sample of medicines that had been supplied in blister packs against the MARs. The amounts remaining in the blisters matched what was recorded as having been administered. Detailed protocols were in place for administration of medicines that had been prescribed for people on a "when required" basis. The application of creams to people was also recorded on the MAR with specific details of where the cream was applied. Handwritten MAR charts had been signed, dated and countersigned to reduce the risk of errors. Care plans contained information on people's allergies and up to date lists of their medicines, including additional details on how they liked to take them. Controlled drugs (CDs - medicines that are more liable to misuse and therefore need close monitoring) were also stored securely. Registers in place to record the handling of CDs were accurately completed. Processes were in place for ensuring waste medicines were disposed of correctly. Temperature records for the medicines fridge were being taken on a daily basis to identify if the area was too hot or cold. There were procedures in place to ensure that medicines were being stored at the correct temperature. For example, there was an air conditioning unit in the medicine room.

People at the service were protected against abuse by staff that had received safeguarding training and could identify the types of abuse and how to appropriately react. One member of staff told us, "I can identify the signs of abuse, such as emotional, physical and psychological, this was in our safeguarding training." Another member of staff told us, "I would report any concerns to my manager but I could go to the local authority." The provider had a clear and up to date safeguarding policy that staff had read and signed to say they had done so. The registered manager investigated any concerns reported by staff and would inform the local authority if required to do so. A safeguarding folder recorded all previous safeguarding referrals and their outcomes.

Risks to people's personal safety had been assessed and plans were in place to minimise the risk. Each of the care plans we looked at had a falls risk assessment. This assisted the registered manager to identify those who were at risk of falling and create guidance on how to minimise that risk. For example, one

person's care plan told us that the person was at risk of falling out of a chair or bed, and this risk could be limited by keeping personal items close to hand. The care plans also had moving and handling assessments that identified the amount of staff required to assist a person with moving around the home. One person's care plan told us that the person requires a walking aid and one member of staff. This was witnessed during inspection and staff were seen to be assisting people to move appropriately.

The provider ensured that there were arrangements in place to keep people safe in an emergency. Each person at the service had a personal emergency evacuation plan. The evacuation plans were personalised to each person's need. One plan told us that the person was unable to independently evacuate and required assistance to walk with one member of staff. The registered manager reviewed these monthly or when required so that the information was always up to date in the event of an evacuation. The evacuation plans would identify if a person was absent from the service, for example, if a person was admitted to hospital and when they returned. The provider had in place contingency plans that were reviewed yearly. The contingency plans gave staff guidance on how to react to a specific emergency. For example, fire, gas leak, extreme heat, contagious infections, heating failure, power failure, unexpected staff absence, water leaks and lift failure. The guidance included specific numbers to call and where to relocate residents if the service could no longer function safely.

The registered manager had ensured that people were kept safe if there was an accident or incident. Staff had a good understanding of how to react if someone was to have an accident. One member of staff told us, "If there was an accident I would firstly ensure that the person was safe, if they were I would let the manager know what had happened and fill out a form immediately." The registered manager checked accident and incident reports on a daily basis. The registered manager would use a falls tracker to identify if any one person at the service was experiencing frequent falls so that they could be referred to relevant health professionals for specialist support and advice to reduce risk.

There was sufficient staff to meet people's care needs, and effective processes in place to cover leave or unexpected absence. One person told us, "There are enough people working here." Another person told us, "There is enough staff to help me when I need it." During the day, there was three care staff, one cleaner, one laundry, one cook, one activities coordinator and the registered manager or a senior member of staff. During the night, there were two members of care staff. The registered manager told us "We review staffing levels when we have more people and if required when we review dependency levels." The service used a dependency tool to determine the amount of time each person required for care. One person's rating showed that they were dependent and required assistance of one member of staff to provide personal care and this was provided.

Staff at the service were safely recruited. We looked at the personnel files of three members of staff. The information included completed application forms, two references and photo identification. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults.

Good

Is the service effective?

Our findings

People and relatives spoke positively about the staff and told us that they were well trained. One resident told us, "The staff seem to know what they are doing, I have a lot of respect for them." Another person told us, "The staff appear to be well trained." Staff received a full training schedule that gave them the skills and knowledge required to support people and this was documented on a training matrix. The training matrix showed the registered manager what training people had taken, what was outstanding and what was due for renewal. One member of staff told us, "We have a lot of training and they let us know when we have to renew our certificates." New staff went through an induction process that gave new staff time to go through policies and initial mandatory training that included moving and handling, infection control and fire safety. The registered manager told us "We are introducing new training in pressure care management and wheelchair safety." The registered manager carried out regular supervisions and yearly appraisals to staff. All staff we spoke to told us they had regular supervisions and a yearly appraisal. The registered manager had kept records to show when people had monthly supervisions and appraisals. The registered manager carried out spot checks on day and night staff. There were no concerns identified in the night check that took place in February 2016 and the day check in March 2016.

People at the service received individualised care from staff who had the knowledge and understanding needed to carry out their roles. Staff communicated well with people at the service in a way that was understood. For example, one person called out for a staff member when distressed. A member of staff was quick to attend to the person. The person was upset because they said they had lost their dog. The member of staff was kind and understanding and started to talk about dogs with the person. This calmed the person as the conversation went on. This method was identified in the person's care plan. The member of staff told us, "Talking about dogs helps to calm the person."

The provider did take into account the principles of the Mental Capacity Act 2005 (MCA) when assessing people's capacity to make specific decisions. The 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. The registered manager completed a mental capacity assessment for each person at the service for personal care and for any other decision specific activities that may require an assessment. Where the registered manager identified that someone lacks capacity for a specific personal care task this was documented in the persons care plan. For example in one person's care plan it told us that following a mental capacity assessment staff should give full support with washing and prompt with oral hygiene. The registered manager applied for Deprivation of Liberty Safeguards (DoLS) for people living at the service appropriately. People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards. Staff showed us that they had good knowledge of the principles MCA. One member of staff told us "It has to be decision specific." Another member of staff told us, "We cannot stop anyone from leaving who is not under DoLS."

People told us that staff would always ask them for consent when required. One person told us, "They ask for permission when they are going to do something." Staff were seen asking for permission before carrying out tasks. For example, staff asked one person if it was ok for them to assist the person to another room. The provider also ensured that consent was sought where people shared rooms. There were three shared rooms at the service and formal consent was seen that was signed by the people that shared the rooms.

People told us they had access to a good nutritional diet. One person told us, "The meals here are very good." One relative told us, "The quality of the food is good, well prepared and well presented." People's nutritional needs had been assessed using the malnutrition universal screening tool, which is a five step screening tool to identify people who are malnourished, at risk of malnutrition or overweight. This looked at people's weight and height, as well as their health care needs and the affect this may have on their nutritional status. This system identified if people needed supplements or a specific diet, such as reduced sugar for diabetes. There were people at the service who required a soft diet or were diabetics. Staff told us, "We use sugar replacements such as sweeteners and received guidance from the dietician." This was documented in people's care plans. People were weighed on a monthly basis and the registered manager told us, "If there is anyone that loses or gains too much weight we will weigh them weekly." Where there was further concern from the weekly results a referral would be made to the GP.

Staff were supporting people at the service for routine health visits. One person told us, "They get the doctor in when I am not well". One relative told us, "There is a regular chiropodist visit that the staff arrange and they will get the doctor in or district nurse if required." There was a health professional visit folder to record the visits and this information was transferred to the care plans if a change of need was identified. One visit from a GP identified that a person required a change in medication. Another visit from a district nurse was to redress a dressing and guidance was given to staff. Both of these outcomes were documented in the care plans.

People at the service were protected against the risk of obtaining a pressure sore. People had a Waterlow score. A Waterlow score gives an estimated risk for the development of a pressure sore. People's skin integrity was monitored by staff and documented in the care plan along with guidance. One care plan told staff to encourage regular movement and to check for skin damage during personal care and complete body maps if required. The registered manager told us, "Body maps are reviewed by me twice a month." Pressure sore risk assessments were completed that identified how a person may be at risk and gave guidance to staff. One person was identified as being at risk due to restricted mobility and advised staff to monitor and encourage movement. Recent body maps included district nurse input and updates from reviews until it has cleared.

Good

Is the service caring?

Our findings

All residents, relatives and visitors spoken to said the care delivered was good and said the staff were friendly, kind, caring and respectful. One person told us, "The staff are very good and kind." Another person told us, "The staff are calm and professional." One relative told us, "The staff treat residents like individuals." One visitor told us, "They all pitch in, everyone cares." Staff were seen to be kind and caring towards people at all times. For example, one person required assistance cutting their food, the member of staff asked the person for their consent before assisting them. The member of staff took time and chatted with the person, which had the positive effect of making the experience more enjoyable as they were both seen laughing over the stories that came up about family members. During the inspection, one person became very agitated and upset because they had lost an article of clothing. Staff responded immediately by sitting with the person and speaking with them calmly to find out what was causing the distress. The member of staff took time to listen to the person and respected their feelings. The member of staff reassured the person by telling them, "everything will be alright, we can look in this room and go to your room for a look." This approach calmed the situation and it was documented in the person's care plan that staff should take time with the person when they are agitated.

People and their relatives were involved in the planning of their care. One relative told us, "We were party to the care plan when she arrived" and, "A review has taken place and we signed to show that we have seen it." One person told us, "They are good at letting me know about my care, we go through it with staff." Care plans included a section that was to be signed by people and family members to show that they had been involved with care planning. People and their relatives had signed all of the care plans we looked at. Care plans included required information to provide person centred care to each person. The care plans we looked at were clear and covered areas that included, personal and oral hygiene, communication, social and leisure, allergies, foot care, food and drink and sleep. In the sleep section of one care plan it identified that one person likes to sleep with one pillow and to offer a hot drink before bed. In another care plan, in the social and leisure section, it told us that the person likes to read a newspaper every day and that staff should go through it with the person. Staff were seen supporting the person with this activity during inspection. Each person had an at a glance care plan that was on a single sheet of paper and identified the key points of the care plan. The registered manager told us, "The at a glance care plans are a quick reference guide to staff and people that may need information such as health professionals." One at a glance care plan told us that one person was allergic to certain medicines, the person can get breathless on exertion, can manage small personal hygiene tasks, enjoys socialising in small groups and can mobilise with a walking aid. Staff told us that the information on these is important as they give them a brief but detailed overview of a person that assists them to provide a good quality of care.

Staff had good knowledge of each person and were sensitive to their needs. One person told us, "The staff are very respectful" and one relative told us, "They always treat them with respect." Staff used the knowledge they had of people to soothe and reassure them when they became agitated by talking with them about their interests. Staff explained to people what was going to happen before assisting them to move and used methods that were documented in their care plan.

People's private information was respected and kept secure at all times. People's personal information was kept in a room that was locked when not in use by staff. Staff were seen to never discuss people's individual needs in public areas. Handover of information between shifts took place in a private area of the home that could not be overhead by people, relatives or visitors. One member of staff told us, "We never talk about people's personal information in the communal areas."

People who required end of life care plans had them in place. We looked at one end of life care plan. The end of life care plan contained the necessary charts and guidance for staff to support a person's needs including end of life procedures following a death. There was evidence to show that families were involved in the end of life care plan. We spoke to a staff member of a local hospice who told us, "The staff are very knowledgeable of people's needs at this stage of their life, all we have to do is ask for information and they provide it, they listen to our guidance."

Good

Is the service responsive?

Our findings

People were encouraged to be independent and have control over how they made choices. One person told us, "I get to choose what I have to eat even if it is not on the menu." Another resident told us "They tell us what is on the menu each day." One relative told us, "The food they get is very good." One member of staff told us, "People have choices and if they do not fancy what is on the menu, the cook can do something else." Picture menus were provided to people to make a choice on what they would like for lunch and these were put on the tables before lunch so that people could identify their choice. When people changed their mind on their choice staff were seen to be positive and offer alternative options both from the menu and what could be made in the kitchen such as a sandwich. People were free to personalise their rooms to their own tastes. People's rooms included their own choice of furniture, decorations and pictures of people and places important to them. People could choose if they wanted to take part in an activity or do something else. When some people did not want to socialise with others in one lounge they were asked if they wanted to do something else such as watch a film in another room. The registered manager told us that people were reminded about the European Union referendum and support was given to people to vote. People told us there were no restrictions to visiting times and those visiting were made to feel very welcome. One relative told us, "They will even make me a lunch if I fancy it."

People at the service were offered a range of activities to suit their personal needs. Activities took place in the morning and afternoon every day of the week and included painting, board games, bingo, gardening, film club and knitting. One person told us, "There are enough activities to interest me." Another person told us, "The activities coordinator is very good." One relative told us, "Our relative enjoys the music and entertainers and they go out for coffee and cake." Larger events were displayed in the home and included fish and chip day, picnic day and friends and family barbecue. The registered manager told us, "We had a party to celebrate the Queen's birthday." Outside entertainers were used and there was evidence to show that entertainers came to the service to provide activities such as singing or talks on specific themes such as the 1960's. One member of staff told us, "I really enjoy playing games with residents on a one to one basis as it gives us quality time to get to know each other." People had an activity plan that was completed with the person, their family and staff. This included personal information about the person's likes and dislikes. It covered in detail each person's preferred options with food and drink. One care plan told us that a person likes liver and bacon and the occasional drop of whiskey. One person activity plan told us that the person likes to know that their family are ok and advises staff to give the person reassurance and to assist with family visits by telling the person when they will be coming. Daily plans showed that the person was being supported. We saw that people were able to choose from a selection of group activities that included a red carpet event, comedy club, boat party or pub and grub.

People and their relatives were involved in the development of their care plans. Before entering the service, the registered manager carried out a pre-admission assessment with people and their relatives. Pre-admission assessments included information that allowed staff to provide full support to a person when they arrived. This included any medical history and any formal diagnosis, mobility and falls risk assessment, the person's weight, personal care needs, foot care, preferred diet and eating habits. The pre-admission assessments also included information on the person's social and recreational needs. Care plans were being

reviewed on a monthly basis by staff and changes were identified in the care plans when needs changed. For example, one person required further assessment following a number of falls. This was referred to a health professional and appropriate equipment was sourced that assisted the person to move through the home freely and greatly reduce the risk of falls.

People, friends and family were encouraged to give feedback on the service they received. One person told us, "You can go to staff if you have a problem and they would listen." One relative told us "They are a listening service." The provider had a clear up to date complaints policy that was on display in the home in an easy to read format. One resident told us, "If I needed to complain I would go to the manager." Relatives we spoke to told us they have never had the need to complain. We could only identify one complaint received at the service for 2016. There was evidence to show that a full investigation took place and that the person who made the complaint was formally acknowledged and responded to with an outcome. The registered manager signposted people where to go if they were not happy with the outcome such as the local ombudsman. Resident meetings and surveys took place. One relative told us, "We have resident meetings that we are all invited to." Another relative told us "I have had a couple of questionnaires to fill out since my relative has been here." There was evidence to show that a relative and people using the service survey took place December 2015.

Good

Is the service well-led?

Our findings

People, relatives and staff spoke positively about the registered manager. There was a registered manager in post at the service. One person told us, "The manager is nice and knows us all." One relative told us, "The manager is very straightforward, correct and has a great sense of humour." One member of staff told us, "I could not wish for a better boss". Another member of staff told us, "The manager is very flexible and willing to support with work and life problems. All you have to do is ask." The registered manager was seen to be always willing to help. Relatives were seen to approach the registered manager who offering them time and private space to discuss their relative's needs.

The provider had ensured that all policies were up to date and staff were aware of any changes. There was evidence to show that policies were reviewed yearly by the registered manager and staff would sign to show that they had seen the policy. The provider had a clear statement of purpose that was made available to all people, relatives and staff and identified the vision and values of the service. The registered manager ensured that the visions and values were part of the day to running of the home. The registered manager told us, "This is people's home and we are all one big family." One person told us, "I cannot fault the manager or staff, it is the little things, like being greeted with a cuddle that make it such a lovely place to live."

The registered manager had ensured that all notifications required as per the Health and Social Care Act 2008 legal requirements were made to the Care Quality Commission. A notification is information about important events that the provider is required to tell us about. The registered manager was open and transparent and was happy to discuss the notifications made and any improvements from them. For example, the registered manager now checks the accident and incident report log daily to identify if staff took correct actions, if there are any trends and if a notification is required.

The provider had ensured that that there were effective processes in place to check the quality of the service to identify any shortfalls. Medicines audits were undertaken monthly and the home had requested and received an additional audit from their supplying pharmacy as part of a drive for quality improvement. Apart from one recent medicines error, there were no historical records of errors or near misses to view. We were able to look at the analysis of this error and staff were able to clearly explain what they learned because of this event. In addition to this, a near miss log had recently been put in place and staff knew the difference between a near miss and an error.

There was a provider audit in February 2016 that identified it would be good practice to put up a pictorial activities boards and nominate a dignity champion amongst staff. The registered manager had put these in place. A Fire risk assessment took place February 2016 and identified that the provider needed to improve signage for the locations of fire exits and extinguishers, this had been completed. The registered manager completed a monthly checklist that identified tasks that need to be completed such as updating care plans, medicine audit or cleaning schedules. Evidence in the care plans showed that people's records were being kept up to date because of the checklist. A menu audit had identified the residents would like to see fish and chips on the menu and this had been added to the menu plan.

The registered manager used surveys and meetings as methods for gathering the views of people that used the service and their relatives. The survey highlighted that activities needed to be improved and the meeting identified the need for more activities. The registered manager acted on this feedback and had employed a full time activities coordinator. The registered manager told us "We are currently recruiting for a part time coordinator to fill the gaps of our full time member of staff." A staff meeting took place February 2016 and it identified the new end of life, dementia and equality and diversity champions. Staff told us they use the meetings to express their views and that the registered manager will always listen to what they have to say.