

CC Croft Manor Ltd

Croft Manor Residential 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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Croft Manor Residential Home is a care home providing personal care for up to 28 older people, some of whom live with dementia. The home is situated in the centre of Fareham. At the time of the inspection the home was providing care and support to 22 people.

People's experience of using this service and what we found

We identified some shortfalls in the service including the environment, risk assessment and a lack of detail in end of life care plans. Although the manager told us of their plans to make improvements, records did not always detail how and when these improvements would be made. We have made a recommendation about this.

Improvements had been made to infection control processes and the home was clean, however further improvements were still required to ensure the spread of infection was minimised.

People felt safe at Croft Manor. Safeguarding policies and procedures were in place and staff were confident in the actions to take if abuse were suspected. There were enough staff deployed to meet the needs of people. Staff knew how to promote people's safety and mitigate risks to people's health and welfare. Medicines were administered safely by staff.

Efforts had begun to make the home dementia friendly but further work was needed. The manager had plans in place to make improvements in this area.

Staff worked well with professionals to ensure people's health needs were met. Staff were supported in their roles and had received training, so they were able to support people effectively. Staff enjoyed their work and told us they felt valued.

People were supported by kind and caring staff who treated them with dignity and respect.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People received personalised care that met their needs and preferences.

People and their relatives knew how to raise concerns. They had confidence in the manager and told us they were approachable. People, relatives, professionals and staff told us they would recommend the home to others.

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

Rating at last inspection

The last rating for this service was requires improvement (published 21 February 2019)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

There is no required follow up to this inspection, however we will continue to monitor the service through information we receive.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Croft Manor Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Two inspectors conducted the inspection.

Service and service type

Croft Manor Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A manager had been appointed in November 2019 and was in the process of registering with the CQC. A registered manager, along with the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider completed the Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. Due to a technical

error, this information was not reviewed prior to the inspection. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We were not always able to communicate with people, so we spent time observing the interactions between people and staff, in public areas of the home, in order to help us understand people's experiences. We spoke with seven members of staff including the providers representative, manager, senior care workers, care workers and a cook.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance documents were reviewed.

After the inspection

We spoke with two relatives about their experience of the care provided. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good.

This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection, the provider had failed to operate safe infection control processes. Significant concerns with the cleanliness, maintenance and operation of the laundry were identified. Bathrooms were not always clean and some equipment could not be effectively cleaned. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer in breach of regulation 12. However, improvements are ongoing.

- The laundry was clean and there was a clear system to prevent cross contamination between dirty linen and clean linen. However, we did find some minor concerns in the laundry room. These were immediately addressed by the manager.
- Overall, we observed that the service was clean. However, some areas of the home were in need of attention such as marked carpets and damaged paintwork. This made it harder to clean these areas effectively. The providers representative told us that plans were underway to address these issues and had a refurbishment programme in place. We saw that a new wet room had just been completed on the day of the inspection and replacement armchairs had recently been purchased.
- There were dedicated cleaning staff who followed schedules to ensure the home was clean. One relative told us, "The cleaning staff are always busy, the home's clean and my mum's room is always spotless."
- Staff had received training in infection control and were knowledgeable about how to prevent the spread of infection.
- Personal protective equipment (PPE) such as gloves and aprons were available for staff to use. We saw these were used appropriately.

Assessing risk, safety monitoring and management

- Staff were knowledgeable about the risks associated with people's needs and could tell us what action was needed to promote people's safety and ensure their needs were met. For example, staff members were able to tell us how they reduced the risk of choking for one person.
- Risk assessments were mostly in place for people regarding their care and support. However, we identified that risks associated with people's skin integrity had not always been effectively assessed. The manager told us that one person had a pressure sore. Despite the lack of a robust risk assessment, staff understood how to mitigate these risks and contacted professionals for support when appropriate. We discussed this with

the manager who had already identified this as an area that needed to be strengthened. Following the inspection, they provided us with evidence to demonstrate they had begun to use a nationally recognised skin assessment tool. This meant they were able to promptly identify if anyone was at increased risk of skin damage.

- Risks were managed in a way that promoted people rights and independence. For example, one person had been supported to safely to access the community. A relative told us, "People are definitely safe but it's done in a relaxed way. People can be who they are but are still being watched to make sure they are safe."
- The provider had effective systems in place to ensure staff were updated on the changed needs and risks in relation to people's care.
- Environmental risk assessments were carried out to consider any risks to people, staff or visitors. Equipment such as hoists and fire safety equipment were serviced and checked regularly.
- Personal evacuation and escape plans had been completed for each person, detailing action needed to support people to evacuate the building in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to keep people safe and protect them from potential abuse. People told us they felt safe living at Croft Manor. One person told us, "Yes, it's safe here, without a doubt."
- Staff were able to describe the signs of abuse and were confident to report any concerns and felt these would be listened to and acted upon. One member of staff told us, "If I had any safeguarding concerns, I would record it and tell the manager, she would 100 per cent deal with it properly, if I needed to I could tell CQC."
- Where allegations of abuse had been made, we saw appropriate investigations had been completed by managers, in liaison with the local authority safeguarding team.

Using medicines safely

- Processes were in place to ensure the ordering, administration, storage and disposal of medicines was safe.
- Medicine administration records (MAR) demonstrated people received their medicines as prescribed. This was confirmed by the people and relatives we spoke with.
- Clear protocols were in place to guide staff about when and how to administer 'as required' (PRN) medicines.
- Staff who administered medicines were trained and had their competency checked by a member of the management team to ensure their practice was safe.

Staffing and recruitment

- There were enough staff available to keep people safe and meet their needs. All the people, relatives and staff we spoke with told us they felt there were sufficient staff.
- Staffing levels were determined by the number of people using the service and the level of support they required. The manager reviewed this regularly to ensure there were enough staff to meet the needs of the people in the home.
- Gaps in the duty rota were filled by agency staff, most of whom regularly worked at the home and understood people's needs. Appropriate checks were made to help ensure agency staff had the necessary skills to support people and all received an induction before working at the home.
- Throughout our inspection our observations reflected that staff responded to people's requests for support promptly.
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

Learning lessons when things go wrong

- The service had an effective system for reviewing incidents to learn lessons.
- Incidents had been identified and actions taken to reduce the likelihood of them happening again. For example, when one person had fallen, a review of the person's needs took place, they had been referred to the falls prevention team and sensor equipment had been put in place to alert staff when they were on the move. This reduced their risk of falling again.
- Staff told us they were informed of any incidents and areas of learning through supervision and staff meetings.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- Efforts had begun to be made to make the home dementia friendly. People had photographs by their bedroom doors to help them recognise their room. However, further work was needed with regard to developing a dementia friendly environment for people, such as signage and contrasting colours in different areas.
- The manager had already identified the environment did not fully meet the needs of people who lived with dementia and told us they would be undertaking a nationally recognised environmental dementia audit to help create an action plan for improvement. They had also worked alongside one person and their family to put items in place so this person could find their room independently.
- Although the service was in need of some redecoration in places, it was homely, warm and welcoming. People and relatives were positive about the environment they lived in and told us it had a "friendly atmosphere".
- There were communal areas for people to be together, appropriately adapted bathrooms and access to a garden. One corridor did not have a handrail and we observed this would have benefitted people. The manager told us this would be added and was in their redecoration programme.
- People's rooms were personalised and reflected their interests and preferences.
- Appropriate equipment was available where needed to ensure staff could deliver care and support.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were met. They were provided with a nutritious and balanced diet that met their needs and preferences.
- People were offered a choice of food and drink and throughout the inspection we observed people received a variety of food and drink according to their preferences. However, at our last inspection we identified that people who lived with dementia were not offered a choice of meals in a meaningful way. We found at this inspection people were offered a choice but this was done earlier in the day and many people had forgotten what choice they had made by lunch time. The service did not have a meaningful way of reminding people or checking they had not changed their minds as the meals were served. The manager told us they were planning to improve this so people had a better understanding of the choices on offer.
- Kitchen staff were trained in nutrition and demonstrated they knew people well, they took time to explore people's likes and dislikes and ensured this was recorded.
- People's nutrition and hydration status was kept under review. Where people needed a special diet, such as a low sugar diet or required soft or pureed food, this was provided.

- We observed the lunchtime experience and found that people enjoyed their meals and were supported in an appropriate way.
- People were supported to drink enough and at the time of inspection there was a focus on ensuring people were well hydrated. A relative confirmed this and told us, "They [staff] are very aware of people not getting dehydrated, people always have a drink and I see staff prompting those who might forget to drink."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and found it was.

- Staff were knowledgeable about how to apply the principles of the MCA in their day to day work.
- Mental capacity assessments were completed when there was any question of a person's capacity to independently make important decisions.
- Where people could not make their own decisions, the best interest decision making process was used and appropriate documentation completed.
- Staff told us they sought verbal consent from people before providing care and support and we observed this during our inspection.
- Applications for DoLS had been submitted to the appropriate authorities by the management team, as required.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving to the service and appropriate referrals made to other services, to ensure people's holistic needs were met.
- Best practice guidance was utilised in numerous areas of care delivery such as the multi universal screening tool (MUST), which assesses people's nutritional risk. Staff then acted to achieve positive outcomes for people identified as at risk. The manager was in the process of implementing a nationally recognised skin assessment tool.
- The management team were aware of the latest guidance, issued by the National Institute for Health and Care Excellence, about supporting people with their oral care and had developed individual oral care plans for each person.
- Staff were knowledgeable about people's needs and explained how they supported people. We saw this was in line with the information recorded in people's care plans.
- Staff made appropriate use of technology to support people. An electronic call bell system allowed people to call for assistance when needed and movement-activated alarms, linked to the call bell system, were used to alert staff when people moved to unsafe positions.

Staff support: induction, training, skills and experience

- People were supported by staff who were knowledgeable, skilled and well-trained to carry out their roles effectively. A relative told us, "All the staff seem to know what they doing, I think they are trained to a high standard."
- Staff completed a comprehensive range of training to meet people's needs, which was refreshed and

updated regularly. The provider's representative told us the trainer had a good knowledge of the home and adapted the training to ensure it was specific to them. This helped enhance staff's knowledge and skills to support people effectively.

- A visitor told us about their relatives health condition and said, "It's been a learning curve for the staff, [Manager] got nurses in who trained the staff, they now know exactly how to deal with [health condition]."
- New staff completed a comprehensive induction programme when they commenced employment. This included a period of shadowing a more experienced member of staff. Staff who were new to care were supported to complete training that followed the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life.
- Staff felt supported by the leadership and said they received one to one supervision meetings and yearly appraisals. This provided them with protected time where they discussed their work, received feedback and identified any training needs.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- People were supported to access services to maintain and improve their health. People and relatives told us they received healthcare support when they needed it and records confirmed this.
- Where external healthcare professionals provided guidance to staff, this was followed.
- When people were admitted to hospital, staff provided written information about the person to the medical team, to help ensure the person's needs were known and understood.
- Handovers between staff took place to ensure they were kept up to date about everyone's needs.
- Staff spoke knowledgeably about individual people's health needs and records showed they had been proactive in seeking guidance and support from health professionals.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Everyone we spoke with was positive about the caring nature of the staff. Staff were described as: "lovely", "caring", "friendly" and one relative told us, "They [staff] will do anything for you."
- Our observations of staff interactions with people showed that people were treated with kindness, compassion, dignity and respect. Staff demonstrated they knew people well and understood their likes, dislikes and preferences.
- The manager and staff told us that they would always aim to ensure people's equality, diversity and human rights needs were respected and supported. Through talking to people and staff, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected.
- Staff spoke fondly about people. For example, one staff member told us, "The best thing about my job are the residents." Another told us, "Knowing I've helped the residents and that they are happy is lovely. I feel like I've achieved something. It's nice."

Respecting and promoting people's privacy, dignity and independence

- People's dignity was promoted, and people were respected. One person told us, "Yes, I think they (staff) respect me, we have a good laugh together and they (staff) know I like that." Staff spoke about the importance of treating people with dignity and respect and provided examples of how they did this. During the inspection we observed staff speaking with people in a respectful way.
- The manager had taken the time to speak with people about dignity and was using their comments alongside a dignity audit tool. This enabled them to assess how well they were ensuring people's dignity in the home and to make any improvements if necessary.
- Staff described how they protected people's privacy during personal care. This included listening to people, respecting their choices and closing doors and curtains. We saw people were asked discreetly if they needed help with anything, including using the bathroom.
- People's independence was promoted. We observed one person being supported to mobilise using their frame. The staff member was encouraging and patient. Guidance was recorded in people's care plans which promoted independence, and staff were able to describe ways of maintaining people's skills. A relative told us, "The staff are always encouraging [Person's name] with their independence."
- Relatives confirmed there were no restrictions when they visited, and they were always made to feel welcome.

Supporting people to express their views and be involved in making decisions about their care

- The manager sought the views of people and their families during the care planning process and through individual contact. A relative told us, [Managers name] is now involving us relatives in care plan reviews, it's never happened before and I think it's brilliant, we can be involved and get the best for our relatives."
- People's care plans detailed what was important to them and how they wanted to be supported.
- Staff supported people to make decisions about their care, for example, when they wanted to get up, what they wanted to wear and how they wanted to spend their time.
- Staff ensured that family members and others who were important to the person were kept updated with any changes to the person's care or health needs. A relative told us, "They (staff) phone me if they have issues with mum, it's taken a weight off my mind."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff's knowledge of people was really good. They understood people's history, likes, dislikes as well as their support needs. People and relatives told us how beneficial it was that staff had a good understanding of people. One relative told us, "The staff have got to know [Person's name] well, they understand what he can be like and seem to have got the measure of him, it's helped him to settle in."
- Most care plans contained personalised information about people and the support they needed. For example, where people could display behaviours that presented challenges, care plans gave information to staff about what could lead to these behaviours as well as guidance for managing them. However, we found some instances where people's care records could be improved. For example, one person did not have accurate information in their care plan and details were missing in another person's moving and handling plan. We discussed this with the manager and providers representative who told us they were in the process of implementing new care plan audits to ensure all care plans contained relevant and detailed information.
- Although staff demonstrated they were knowledgeable about people's support needs, a lack of detailed or accurate information in people's care plans can pose a risk to staff who were not familiar with the people living in the service. The manager told us they mitigated this risk by ensuring experienced staff members worked alongside newer staff.
- Where a change in people's needs was identified this was quickly responded to. For example, support was quickly sought for one person who's health appeared to be declining.
- Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care.

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

- People and relatives were positive about the activities that an external company provided. These included music, arts and crafts and quizzes. We observed a musical activity during our inspection and saw people enjoyed it. Staff had the time to sit and talk with people and we observed staff talking to people about their families and interests which made people smile and laugh.
- The manager had identified times where there was a lack of social engagement for people and had recruited an activities co-ordinator to help ensure people's social and emotional needs were met more regularly.
- The manager was in the process of building links with the community.

Meeting people's communication needs

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

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- Staff took time to ensure the people they were speaking with understood and they had time to engage. We observed that staff wrote on a white board for one person which helped them to communicate effectively.

End of life care and support

- No one was receiving end of life care at the time of our inspection. However, the manager told us the service engaged with external healthcare professionals effectively to ensure people's end of life care needs were met.
- The manager was aware that care plans could be further developed to ensure people's preferences for end of life care were reflected.
- Staff had received training regarding end of life care.

Improving care quality in response to complaints or concerns

- There was an accessible complaints procedure in place which was made available to people and their representatives.
- Relatives knew how to make a complaint and told us they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed. One relative told us, "We had one issue, [Manager] dealt with this brilliantly, she was straight on it. It was exceptional the way she handled it."
- Records of complaints that we saw had been adequately investigated and appropriate action had been taken in response to these.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant service management and leadership was not consistent. Oversight of systems and processes were not always operated effectively to support high quality service delivery.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

- A relative told us they felt there had been unstable management in the past year which they found unsettling. Everyone we spoke with told us they hoped the current manager would stay.
- Although we were told by the providers representative and the manager that numerous improvements had been planned or were in the process of being made, we were concerned that a number of shortfalls remained. These included the environment, a lack of detail in end of life care plans and risk assessments regarding skin integrity. More detail about this can be found in the safe, effective and responsive domains of the report. Not all concerns identified during the inspection were included on an action plan shared with us after the inspection. This meant we could not be assured how or when these shortfalls were planned to be rectified.

We recommend the provider reviews their quality assurance process to ensure actions for improvement are carried out in a timely way.

- Audits such as infection control, catering and medicine audits were in place and these had been successful in driving improvement and ensuring these areas were managed safely. For example, an infection control audit had picked up that some armchairs were not in a state of good repair and could not be cleaned effectively so new ones had been purchased.
- The manager demonstrated enthusiasm for driving improvement in the service and for individuals. People, relatives and staff all told us the manager listened to them and acted to make improvements for them. For example, a relative told us, "[Manager always listens to what we have to say. She organised for [Persons' name] to move to a bigger room so he can have a big TV, he is much happier now."
- There was a clear staffing structure and relatives and staff told us this worked well. For example, one relative said, "There are senior staff who lead the shifts, they're all very competent and I have confidence in them. They tell the junior staff how to do things when they need advice."
- The manager fulfilled their regulatory requirements by submitting notifications to CQC about events and incidents that happened in the service as required by law. A copy of the latest inspection rating and report was also on display at the home as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people: How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and relatives told us they were happy with the service and that people received personalised care. For example, one person told us, "This home is the best" and a relative told us, "I can't praise the home enough, it's such a great relief to know mum's being cared for in the best possible way."
- The manager and all the staff we spoke with put people using the service at the centre of everything they did. The staff we spoke with talked about the satisfaction they gained from making a positive difference to someone's life.
- Staff morale was high and the atmosphere was happy and inclusive. All staff told us they were well supported, felt valued and enjoyed their work.
- The manager was consistently described in a positive manner by people, relatives and staff. They were described as caring, approachable proactive and on the ball. The manager and providers representative took the time to be visible and open at the service and led by example. We observed they knew people at Croft Manor well. One member of staff told us, "She [manager] is really good with the residents, sometimes she works on the floor which is good."
- Everyone we spoke with told us they would recommend the home to others.
- The provider demonstrated an open and transparent approach to their role. Where any safeguarding concerns were raised, or accidents occurred, relevant people were informed, in line with the duty of candour requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- Systems were in place for gathering people's views of the service and those of people acting on their behalf. Regular meetings were held, and surveys had been undertaken. The manager had also begun meeting with people on an individual informal basis to gather people's views. Feedback received was predominantly positive.
- Where suggestions had been made, these had been addressed for people on an individual basis. For example, following feedback from a person, the manager had arranged a Valentines meal for them and their partner. Suggestions had been made in a response to a survey in October 2019. A development plan had been drafted. This had identified that more signage was needed around the home. We saw that there was some signage but people would have benefitted from more. The manager was working hard to take all suggestions on board and make improvements where they could.
- Meetings were held with staff during which staff were given the opportunity to discuss issues and give their views.
- The manager and staff team worked closely with other professionals to ensure people received effective, joined up care.
- The manager had forged links with nearby care homes to learn from and share good practice.