

Springhill House (Accrington) Limited

Springhill Care Home

Inspection report

Springhill House
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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?	Outstanding ☆

Summary of findings

Overall summary

About the service:

Springhill Care Home is a nursing and residential care home which provides nursing and personal care to up to 116 people. The home has a nursing unit, a residential unit and a separate three floor unit for people living with dementia. At the time of the inspection, 109 people were living at the home.

People's experience of using this service:

People using the service and their relatives were happy with the care and support provided at Springhill Care Home.

The provider followed safe processes when recruiting staff to ensure they were suitable to support adults at risk. Staff understood how to protect people from the risk of abuse or avoidable harm. The service managed people's risks and medicines in a safe way. Staff followed appropriate infection control procedures and we found the home clean. The provider ensured safety checks of the home environment were completed regularly. Most people told us they were happy with staffing levels at the home. However, some people told us staff were not always available when they needed support, especially in the morning. We discussed this with the registered manager and the provider and shortly after our inspection the provider increased staffing levels to ensure staff were able to support people when they needed it.

Staff supported people in a way which met their needs. People felt staff had the knowledge and skills to support them well. Staff were happy with the induction they received when they joined the service and their training was updated regularly. Staff completed mental capacity assessments in line with the Mental Capacity Act 2005 and consulted people's relatives when people were unable to make decisions about their care. When people needed to be deprived of their liberty to keep them safe, the service applied to the local authority for authorisation to do this. The service had a strong focus on supporting people to eat and drink well. Staff supported people to achieve and maintain good health and referred people to community professionals when they needed extra support.

People liked the staff who supported them. They told us staff were kind and treated them with respect. Staff considered people's diversity and provided people with any support they needed with their communication needs. Staff respected people's right to privacy and dignity and encouraged people to be independent when it was safe to do so. People told us staff had discussed their care needs with them and they were involved in decisions about their care. The service provided people with information about local advocacy services, to ensure they received support to express their views if they needed to.

Staff provided people with care that reflected their needs and preferences. Staff created personalised care plans, which they updated when people's needs or risks changed. Staff were familiar with people's needs and how they liked to be supported. Staff offered people choices and encouraged them to make decisions about their care when they could. No formal complaints had been received by the service. Three people told us they had raised concerns with staff about delays in providing them with support, but no improvements

had been made. The provider and registered manager told us this had not been raised with them prior to the inspection, or in recent satisfaction surveys or during residents' meetings. The provider took action when we raised these concerns with them.

The registered manager, management team and provider were passionate about providing people with high quality, person-centred care. They worked hard to keep up to date with good practice, which enhanced the care people received, resulting in better outcomes for people living at the home. Community professionals gave us very positive feedback about the management of the home and the quality of the care staff provided. The home had achieved the platinum Investors in People award, which is currently held by only 1% of IIP accredited organisations. People, relatives and staff were happy with how the service was being managed. Staff felt well supported by the management team and told us they would be happy for a family member to live at the home.

Rating at last inspection:

At the last inspection the service was rated good (published 21 October 2016).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 exceptionally well-led.

Details are in our Well-Led findings below.

Outstanding ☆

Springhill Care Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by an inspector, an assistant inspector, a specialist advisor (nurse) and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did

Before the inspection we reviewed information we had received about the service from the provider since the last inspection, such as details of serious injuries. We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch Lancashire for feedback about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support

our inspections. We used all of this information to plan our inspection.

During the inspection we spoke with 15 people who lived at the home and seven visiting relatives and friends about their experience of the care provided. We spoke with two nurses, one assistant practitioner, five care workers, the registered manager, deputy manager, a number of senior managers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a healthcare professional who visited the home regularly.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at a variety of records relating to the management of the service and a selection of policies and procedures developed and implemented by the provider.

After the inspection we contacted three community healthcare professionals for their views about the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to protect people from the risk of abuse and avoidable harm. People told us they felt safe when staff supported them. One person commented, "It's a lovely home, very nice indeed and I feel very safe here." One relative told us, "Since [person] has been here, I sleep at night. She's safe and well looked after."
- Staff understood how to protect people from abuse and knew the action to take if they had any concerns. Staff completed safeguarding training and the provider had a safeguarding policy for them to refer to. Three safeguarding concerns had been raised about the service in the previous 12 months. The provider had taken appropriate action and notified CQC when they should. The service had a whistle blowing (reporting poor practice) policy which staff were aware of and told us they would use if they had any concerns.

Assessing risk, safety monitoring and management

- The provider ensured staff managed risks to people's safety and the home environment appropriately. Staff completed and regularly reviewed people's risk assessments, including those relating to falls, mobility, nutrition, skin condition and fire safety. The assessments provided information for staff about people's risks and how best to support the person to reduce the risk.
- We reviewed the service's accident records and found staff had taken appropriate action when people had experienced accidents, including falls.
- Staff completed regular safety checks of equipment and the home environment. This included the passenger lift, lifting equipment, fire safety and water safety checks. The home had experienced a fire in February 2019. People, relatives and community professionals had provided positive feedback about how staff and management had handled the incident to ensure people's safety.

Staffing and recruitment

- Most people told us there were enough staff available at the home to meet their needs. However, five people and two relatives, mostly on one unit, told us there were not always enough staff available and they sometimes experienced lengthy delays, usually in the morning. We discussed this with the registered manager and shortly after the inspection the provider increased staffing levels on the unit, to ensure enough staff were available to support people when they needed it.
- Staff were recruited safely. Staff told us the appropriate checks had been completed before they started working at the home.
- We had reviewed staff recruitment files at the previous inspection and found appropriate checks had been made of staff members' suitability to support adults at risk. The PIR confirmed that the provider was following the same recruitment processes as at the last inspection.

Using medicines safely

- Staff managed people's medicines safely and administered people's medicines as and when prescribed. Staff who administered medicines had completed the relevant training and senior staff had assessed their competence to administer medicines safely
- People and relatives were happy with how medicines were being managed and told us staff administered their medicines when they should. We found that staff were not observing one person taking their medicines and discussed the importance of this with staff.

Preventing and controlling infection

- Staff followed appropriate infection control processes and procedures which protected people from the risks of poor infection control. Staff completed infection control training as part of their induction and the provider's required training. The provider had an infection control policy for them to refer to.
- We found the home clean throughout our inspection and people told us levels of hygiene at the home were good. One person commented, "My room is perfectly clean, as is the rest of the place. It's lovely."

Learning lessons when things go wrong

- The provider had systems to analyse incidents and make improvements when things went wrong.
- Accident records showed that staff had taken appropriate action. They had sought medical attention and when appropriate had referred people to community healthcare professionals to assess whether they needed additional support. When incidents occurred where the service was found to be at fault, the registered manager took appropriate action, such as arranging additional staff training. He shared lessons learned with staff to avoid similar errors happening again.

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

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

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

- Staff provided people with care that reflected their needs and helped them achieve positive outcomes. The service completed an initial assessment of people's needs before they came to live at the home, to ensure they could meet the person's needs. Staff used the initial assessments to create care plans, which contained detailed information about people's care needs, what they were able to do for themselves and how staff should provide their support.
- People and their relatives were happy with the care provided by the service. Comments included, "I've got a lovely ensuite room and the care I get is excellent", "The place is very nice, I am happy here", "I can't knock the staff, they are brilliant with me" and "I think it's a great place and I have a lovely comfortable room."

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

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

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

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

- The service was working within the principles of the MCA. Where there were concerns about people's capacity to consent to, and make decisions about, their care, staff had completed capacity assessments and made best interests decisions in consultation with people's relatives. When staff needed to deprive people of their liberty to keep them safe, the service had applied to the local authority for authorisation to do this.
- People told us staff always asked for their consent before supporting them. One person commented, "They are very polite and always ask before doing anything for me." People had signed consent forms, giving staff permission to provide them with care and support.

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

- The service had a strong emphasis on ensuring people ate and drank well and aimed to be as person-centred as possible about people's meals.
- The provider had recruited a new chef in 2018 and had recently introduced new menus, after consulting

with people and providing a taster day for people and relatives to try new menu options. The new menus included increased options for people who needed a pureed diet. The home held a breakfast club three times a week to encourage people who were reluctant or had difficulty with eating.

- Community professionals told us staff managed people's nutrition and hydration needs very effectively. They told us staff knew people's needs very well, sought advice and were keen to follow any advice given. Some of the professionals had been involved in the introduction of the home's new menus. One professional told us it was the only home in the area to use the international dysphagia diet standardisation initiative (IDDSI), which is a diet framework for people with swallowing problems, that provides information about food and fluid consistencies. This meant that staff and community professionals were using the same terminology and could be sure that people's needs were being met.
- The service had a clinical lead for nutrition and nutrition champions on each unit who had received training in IDDSI. The service worked closely with local dietitians and speech and language therapists. The clinical lead and the champions were able to support people who had complex support needs well.
- Staff were aware of people's special dietary requirements and how to meet them. They recorded information in people's care plans and risk assessments about their dietary needs and made referrals to community professionals when they identified concerns. They updated people's care plans regularly or when their needs changed.
- We noted staff had not consistently recorded people's weekly weight when this was felt necessary to monitor their weight loss. Also, staff had not always included information about people's special dietary requirements on their care documentation, which meant staff reading it could have been unclear about people's needs and risks. We discussed this with the deputy manager who assured us she would address the issues with staff.

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

- Staff supported people to meet their healthcare needs and worked in close partnership with other agencies to ensure people received any additional support they needed. One person told us, "The place is brilliant. I have physios coming in to help me. I'm improving since I got here."
- The service had supported a person with complex needs, in conjunction with their GP, so effectively they had been able to return home for a period of 12 months.
- Staff referred people to a variety of community health and social care professionals to ensure they received the support they needed. These included GPs, community nurses, dietitians, physiotherapists and speech and language therapists.
- The community professionals we contacted provided very positive feedback about the support provided by the service. They told us staff referred to them in a timely way, contacted them for advice and support, followed the advice given and kept them up to date with changes in people's needs. One professional told us the home's care plans were well structured and a very good example of personalised care. Another commented that staff did what they could to improve people's quality of life.
- People's support plans included information about their healthcare needs, medical history, medicines and any allergies.
- The service used 'The 'Red Bag Relay' scheme, which involved staff sharing important information, such as a person's medical history, medicines administration record and current medicines, with paramedics and hospital staff when people attended hospital.

Staff support: induction, training, skills and experience

- The provider ensured staff were given the induction and training they needed to support people well. Senior staff regularly observed staff, to ensure they were competent to provide people with safe care which met their needs.

- People and their relatives felt staff had the knowledge and skills to meet their needs. Comments included, "I think they know what they are doing without a doubt", "I have no complaints about the staff, I think they do their job as best they can" and "Staff are very good."
- Staff were happy with the induction and training they received at the service. They observed experienced staff and completed the provider's initial training before they supported people on their own. They updated their training regularly and could ask for additional training if they needed it.

Is the service caring?

Our findings

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

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

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

- Staff supported people well, treated them with dignity and respected their diversity. People liked the staff who supported them. They told us staff were kind and caring and treated them with respect. Comments included, "They are lovely. They look after me very well", "They are all excellent and very kind" and "They have had to help me with everything as I have slowly improved, and I cannot fault them."
- Staff considered and respected people's diversity. Care documentation included information about people's religion, ethnic origin, gender and marital status. This meant staff had an awareness of people's diversity and what was important to them. The deputy manager told us the service had recently arranged for a group of staff and visitors to look at how the service was meeting the needs of lesbian, gay, bisexual and transgender (LGBT) people who lived at the home, to ensure staff were supporting people in a way which respected their diversity.
- The provider arranged for a variety of religious services to take place regularly at the home and ministers visited the home when this was needed, for example when people were approaching the end of their life.

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

- Staff asked people for their views and involved people in decisions about their care. People and relatives told us their care needs had been discussed with them and they had signed documentation to demonstrate this. They told us staff encouraged them to make every day decisions about their care and we saw staff doing this during the inspection.
- The welcome booklet staff gave to people when they came to live at the home included information about local advocacy services. These can be used to support people when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family. This helped to ensure that people could get support to express their views if they needed to.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's right to privacy and dignity. People told us, "If they come to my room for anything, they always knock on the door before they come in", "When they help me wash and undress, they are all very good with me and cover me up when necessary" and "When they have time they will come in and have a chat with me. They are always very respectful, saying thank you, please and good morning."
- Staff respected people's wish to remain as independent as possible. One person told us, "I can manage most things myself but if I wanted help, I know they are there which is very reassuring". We observed staff encouraging people to do what they could, for example at mealtimes or when they were moving around the home.
- Staff respected people's right to privacy and confidentiality. Staff addressed confidentiality during their induction and the provider had a confidentiality policy for them to refer to. The provider ensured people's

care records and staff members' personal information were stored securely and were only accessible to authorised staff.

- The service did not restrict visiting times and staff made people's visitors feel welcome. One person told us, "I get lots of visitors and they can come when they want". A relative commented, "Everybody is so welcoming."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- Staff provided people with personalised care which reflected their needs and preferences. People told us, "Staff have helped me with all my needs and I get anything I want. They have really looked after me", "The staff are great, I know them, and they know me well. I am very comfortable here" and "If I want anything, they will do their best to help me."
- Peoples support plans were detailed and individualised. They included information about people's needs, risks and preferences and were updated regularly or when people's needs changed.
- The provider had recently appointed a wellbeing lead, to focus on developing a wide range of activities designed to improve people's quality of life. Activities available at the home included a nature club, breakfast club, women's club, men's club, sewing club, games afternoons, quizzes, arts and crafts, music and movement, life story and reminiscence sessions, bonsai tree exhibitions and regular entertainers. People were happy with the activities available. They told us, "There are lots of activities. I get involved in the dominoes and they have a game of bowls now and again", "They put some good stuff on for people. They have artists and we have a bit of a singsong" and "We sometimes go on trips and I have a good time. "Eight people told us they were aware of the activities and staff encouraged them to join in, but they preferred to stay in their room.
- People told us staff gave them choices and they were able to make every day decisions about their care. Comments included, "I can get up when I want and go to bed when I want. I like to shut the door at 8 o'clock at night and settle down and watch tv" and "I like to go outside, and I am free to do so when I want."
- During the initial assessment, staff asked people their preferred name and language and their preference about the gender of the care staff who supported them. They asked people and their relatives about their interests and included it in their care plans.
- Staff assessed people's communication needs as part of the initial assessment and reviewed them regularly. They documented in people's care plans any support they needed with their communication needs and how staff should provide it. For example, one person's care plan explained that staff should maintain eye contact when speaking with the person and speak slowly and clearly to ensure they could understand them. Staff used equipment to support people to communicate, such as electronic communicators and people had access to talking newspapers and books. Staff shared information about people's communication needs when they moved between services, for example when they attended hospital.

Improving care quality in response to complaints or concerns

- The provider had processes to respond to people's complaints and concerns. A complaints policy was available and information about how to make a complaint was included in the welcome booklet. The registered manager told us if any complaints were received and upheld, any lessons learned would be shared with staff to avoid a similar issue arising in the future.

- No-one we spoke with during the inspection had made a formal complaint, but they told us they would feel able to. One person told us they had raised a concern in the past and it had been dealt with quickly. However, three people told us they had raised concerns with staff about delays in staff supporting them, but improvements had not been made. The registered manager and provider told us this issue had not been raised with them previously and took action to address the concerns shortly after our inspection. A relative contacted us after the inspection to tell us they had raised a number of concerns, but they felt the provider had not made the necessary improvements. The provider was still investigating these concerns at the time of writing this report.

End of life care and support

- Staff provided people with effective end of life care. The service had a palliative care lead who had completed end of life care training through a local hospice. She provided staff with supervision and awareness sessions in end of life care.
- Staff referred to NHS advance care planning guidance, NICE (National Institute for Health and Care Excellence) guidance and the provider's end of life care policy, to ensure they supported people in line with best practice.
- Staff also supported relatives when they were providing people with end of life care. They gave them information leaflets to help them through this stage of their family member's life. They also asked relatives for their feedback when their family member had passed away, to ensure they could improve their practice where necessary.

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

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Working in partnership with others

- We received very positive feedback about the registered manager and the management of the home from a wide variety of community professionals. One professional described the home as an "outstanding facility".
- The service was working with a specialist organisation to train staff to provide people with high quality exercises, activities and days out and had recently joined with a local service to deliver a specialist light pressure touch therapy, which is delivered like massage and can include people who may not be able to participate in other activities.
- The service had links with the local Dementia Action Alliance and planned to develop a dementia café in collaboration with the local Alzheimer's Society. They were working in partnership with a local enterprise network and local schools to provide support to young people with careers and enterprise activities. In addition, the service had made links with a number of local services, including the fire service, the local leisure service and other local schools, to broaden the activities available to people living in the home and to strengthen links with the local community.
- The provider worked in collaboration with the University of Central Lancashire, local colleges and other educational establishments. They attended a variety of local meetings and forums which helped the provider keep staff up to date with best practice to improve outcomes for people.

Continuous learning and improving care

- The provider was passionate about developing and improving the service. They had developed an innovative response to the national shortage of nurses and was working in collaboration with the University of Central Lancashire and local colleges to promote nursing career pathways within the home. A number of trainee assistant practitioners were working at the home, while studying to achieve their qualification. One community professional told us that management created a positive learning environment and provided opportunities for staff to upskill and increase their knowledge.
- The provider had recruited an admiral nurse. Admiral nurses are specialist dementia nurses who give expert practical, clinical and emotional support to people living with dementia and their families. The admiral nurse was working with the home to develop dementia champions and ensure staff had the enhanced skills to provide specialist support to people living with dementia.
- The service planned to run some digital inclusion workshops, to support people to use tablets and smartphones. This would help them connect with others and access music, entertainment and information.
- The provider had a learning and development suite at the home and two dedicated training staff. They planned to develop a training academy to enhance staff training further and hoped to become a teaching

care group in the future, to promote consistent learning across the care sector.

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

- The management team and provider demonstrated a passion for providing people with high quality care and improving people's quality of life. Since the previous inspection the provider had appointed a number of specialist senior managers at the home, including a clinical lead for nutrition, an end of life care lead and a wellbeing lead, to drive improvements and improve outcomes for people. All senior managers completed the provider's leadership and development programme.
- People were happy with the way the service was being managed. One person commented, "I think the atmosphere in the home is brilliant. I would recommend this place to anybody."
- There are some specific requirements that providers must follow when things go wrong with care and treatment. The service had a duty of candour policy and procedure, and the registered manager and provider were aware of their duty of candour responsibilities. The service promoted an open culture, encouraging people, relatives and staff to raise any concerns. No incidents had occurred requiring duty of candour action.

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

- The provider's processes to monitor quality and safety were well embedded within the service and there was a clear framework of accountability to monitor staff performance. The management team regularly completed a variety of audits and compliance levels were high. The provider had arranged for independent audits by an external agency to be completed twice a year, to provide an objective assessment and to measure the service against CQC standards. The audits completed were effective in ensuring that high levels of quality and safety were being maintained at the home.
- Staff understood their roles and the registered manager and provider demonstrated a clear understanding of their regulatory responsibilities. They had submitted statutory notifications to CQC about people using the service, in line with current regulations. A statutory notification is information about important events which the service is required to send us by law. The rating from the previous inspection was on display.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider was committed to ensuring diversity was represented in the home's staff team. They had contacted Stonewall, a charity which campaigns for the equality of lesbian, gay, bi and trans people across Britain, for advice about LGBT issues relating to staff and people living at the home. The home had received disability confident employer status.
- Investing in staff was a priority for the provider. The provider had achieved a staff turnover rate of 17.47%, far lower than the national average. (A Skills for Care report in September 2018 put the national social care staff turnover rate at 30.7%). This resulted in improved continuity of care for people.
- The provider had achieved the Investors in People (IIP) platinum standard. IIP is a standard for people management. The IIP platinum accreditation is the highest accolade that can be achieved and is currently held by only 1% of IIP accredited organisations.
- In April 2019, the service had achieved a rating of 9.9 out of 10 on carehome.co.uk based on 33 reviews and had been included in the carehome.co.uk Top 20 Care Home North West England Awards 2019.
- Staff felt well supported and were happy working at the home. They attended regular staff meetings, where they felt able to raise concerns and make suggestions. Staff meeting notes showed that staff members' suggestions and feedback was sought and listened to. The provider held regular 'Your voice, your way' meetings with staff, where staff could make suggestions and management consulted with staff about

proposed changes.

- The provider issued satisfaction surveys regularly to gain people's feedback. We reviewed the outcome of recent surveys and saw that people had expressed a high level of satisfaction with most aspects of the service. The provider had taken action in response to any negative comments, including increasing staffing levels in response to three people's concerns that they sometimes had issues getting attention from staff.
- Staff also sought people's views during regular residents' and relatives' meetings and had recently held a taster day to involve people and relatives in choosing the home's new menus.