

Harbour Healthcare Ltd

Gotton Manor

Inspection report

Gotton Manor Home
Gotton, Cheddon Fitzpaine
Taunton
TA2 8LL

Tel: 01823413118

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Gotton Manor Home is a care home providing personal and nursing care. It is registered to provide care to up to 60 people in two buildings, The Manor House and The Coach House.

At the time of the inspection only The Manor House was occupied. The Coach House was being fully refurbished. Within the Manor House there was a small six bedded area which cared for people living with dementia.

The home specialises in the care of older people. At the time of the inspection there were 26 people living at the home.

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

People were happy with the care and support they received. Comments included, "They look after me very well" and "It is lovely here. Everyone is very nice here."

People were happy with the food and the drink served at the home. Most people received the support they needed with meals. However, some people who were cared for in their rooms, did not receive good staff support to eat well. We have recommended that the provider reviews the deployment of staff at meal-times to ensure everyone has the support and encouragement needed.

People who were living with dementia had limited access to meaningful occupation and social stimulation. We have recommended that the provider ensures staff have suitable training to support them to provide this.

People looked comfortable and relaxed with the staff who cared for them. Staff knew how to recognise, and report concerns about possible abuse. Staff told us they were confident that any concerns would be listened to and action would be taken to keep people safe.

People were cared for by adequate numbers of staff to maintain their safety. Staff were safely recruited which helped to minimise risks to people.

Staff were kind and caring and we saw friendly and respectful interactions throughout the day of inspection. People praised the permanent staff at the home and felt well cared for.

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 were supported to maintain contact with friends and family. During the COVID-19 pandemic the staff had followed all government guidelines to enable people to keep in touch with people who were important to them.

People had access to some social activities, but some people thought this could be improved. There was a weekly programme of activities and some individual activities. The registered manager told us that now restrictions had been lifted, opportunities for social stimulation would be increased.

People benefitted from a registered manager who was committed to providing high quality person-centred care. They were supported by a provider who had good oversight of audits and action plans. This helped to drive on going improvements to the service people received.

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

Rating at last inspection

Harbour Healthcare Ltd registered this service with us on 7 September 2020 and this is the first inspection. The last rating for the service, under the previous provider, was Good, published on 22 May 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service since the date of registration to Harbour Healthcare Ltd.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always effective.

Details are in our effective findings below.

Requires Improvement 

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 well-led.

Details are in our well-Led findings below.

Good 

Gotton Manor

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors 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.

Service and service type

Gotton Manor Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Gotton Manor Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received from and about the service since it was registered to Harbour Healthcare Ltd.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 13 people who were living at the home and one visitor. We also spoke with seven staff which included a registered nurse, care staff and ancillary staff. The registered manager and operations manager were available throughout the inspection. We also spent time observing the care and support provided to people.

We reviewed a range of records. This included four people's care records, multiple medication records, three staff recruitment files, minutes of staff meetings, health and safety records and the home's service improvement plan.

Is the service safe?

Our findings

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

This is the first inspection since the service was registered to Harbour Healthcare Ltd. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Risks of abuse to people were minimised because staff knew how to recognise and report abuse. Staff told us they were confident that any issues raised would be taken seriously and action would be taken to protect people.
- The registered manager worked with other professionals to make sure people were kept safe. Full investigations were carried out when concerns were raised, and action was taken to protect people.
- People who were able to express their views verbally told us they felt safe at the home. One person said, "The staff are lovely with you." Another person commented, "Very safe. They are here to look after me so well, makes me feel safe."
- Some people could not verbally express themselves due to their frailty. We observed people appeared relaxed and comfortable with the staff who supported them.

Assessing risk, safety monitoring and management

- Risks to people were minimised because the provider took action to assess risks and minimise avoidable harm. For example, where people were assessed as being at high risk of pressure damage to their skin suitable pressure relieving equipment and care was in place. There were systems to ensure pressure relieving equipment was regularly checked to maintain its effectiveness.
- Staff sought advice from appropriate professionals to ensure people received meals in accordance with their needs. For example, where speech and language therapists had assessed a person as needing food and drink to be served at a specific consistency, this was seen to be provided. This reduced the risk of people choking.
- People lived in a home where the safety of the environment and equipment were monitored. Equipment such as fire detecting and lifting equipment was regularly checked and serviced by outside contractors.
- There were plans to guide staff about the action to take in an emergency. Personal emergency evacuation plans (PEEP) were in place with information about people's support needs in an emergency.

Staffing and recruitment

- People received their care from staff who had been safely recruited. The registered manager made sure that all new staff were appropriately checked to make sure they had the skills and character required to work with people. Staff files seen gave evidence of a safe recruitment process.
- The provider and registered manager took appropriate action to make sure people were supported by

adequate numbers of staff. Due to staff shortages and difficulty in recruiting, the provider had reduced the number of people they accommodated and used agency staff to maintain safe staffing levels.

- On the day of the inspection there were adequate numbers of staff to meet people's physical needs and to keep them safe. Staff said they felt staffing levels were good. One member of staff told us, "Staffing levels are brilliant, and shifts are well organised."
- A high number of people were being cared for in their rooms and had call bells to enable them to summon assistance when they required it. Some concerns were raised with us about the length of time it took staff to attend to people when they rang for help. Minutes of a staff meeting showed that this had also been raised with the registered manager and they were monitoring the situation closely. On the day of the inspection we did not hear call bells ringing for extended periods of time. One person told us, "I don't ring often but they come fairly quickly if I need them."

Using medicines safely

- People received their medicines safely from trained staff and clear records were kept of when they were administered or refused. However, recording of the application of prescribed creams and lotions was not consistent. This meant that the effectiveness of prescribed creams could not be robustly monitored.
- People lived in a home where safe medicines practices were followed. The last audit carried out by the dispensing pharmacy, in January 2022, gave evidence of good practice and no concerns were identified. There were also monthly internal audits and six-monthly provider audits to identify any shortfalls and make improvements if needed.
- Some people were prescribed medicines, such as pain relief, on an as required basis. People told us staff offered these medicines to them to maintain their comfort. One person said, "Nurses give you pain killers when you want them." Protocols were in place if people were unable to express their need for as required medicines. This helped to make sure these medicines were given consistently to promote comfort and well-being.
- There were suitable storage facilities for medicines. Medicines with additional controls due to their potential for misuse were stored in accordance with current regulations. We made some random checks of records against stock and found them to be correct.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. A number of people complimented staff on the high standard of cleanliness.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider had followed all government guidelines to support people to have visitors safely and stay in touch with friends and family.

Learning lessons when things go wrong

- All incidents and accidents were recorded and analysed on a monthly basis. This enabled the registered

manager to take appropriate action to minimise the risk of reoccurrence. Actions taken had included consulting with health professionals.

- Where issues were raised with the registered manager, they took action to investigate and address. For example, where people had raised issues with call bell answering times this had been discussed at a staff meeting to make sure improvements were made.

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.

This is the first inspection since the service was registered to Harbour Healthcare Ltd. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People had their nutritional needs assessed, including assessments by speech and language therapists. We saw that people received meals in accordance with their assessed needs.
- Some people ate their main meal in the dining room where there were ample staff to support them. People said the quality of food was good. One person said, "Very good basic food. Always enough, well more than enough." Another person said, "The food is very nice. We get choices and they know what I like."
- For people who ate in their rooms there was limited staff to support and encourage them. We observed that people in their rooms were not always in the best position to eat and did not have the support they needed to eat their meal whilst it was hot. This resulted in people not eating well. The recording of food eaten was not detailed so it was difficult for other staff to see how much people had eaten.

We recommend that the provider reviews the deployment of staff at meal times to ensure everyone has the support and encouragement needed to eat well.

- People's weight was regularly monitored and action was taken when there were changes in people's weight. For example, if people lost weight then the staff contacted other professionals for advice and support. Weight records seen showed that people were maintaining a reasonably stable weight.
- People were offered a choice of meals. However, these choices were offered over 24 hours in advance. We heard people being asked about the main course, but they were not asked about condiments or vegetables. There were no menu's on display in communal areas or people's rooms so people were unable to make a choice about their whole meal. This was an area for improvement.

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

- People had their needs assessed before they moved into the home. This helped to make sure that Gotton Manor Home could meet their needs and expectations.
- From assessments, care plans were created and personalised to people. Care plans gave information about people's needs and some information about their wishes and preferences.
- In most cases we found that care was being delivered in accordance with the care plan. For example, one person's care plan stated they needed help to reposition in bed using a specific piece of equipment. During the day we saw staff acting in accordance with the guidance.
- People who were able to express their wishes were given choices about their day to day lives. One person told us, "There are choices about most things."

Staff support: induction, training, skills and experience

- People received their care and support from staff who had the skills needed to support them. One person told us, "When they hoist me, they certainly know what they are doing."
- Staff felt confident in their roles because they received appropriate training and support. New staff said they had been able to shadow more experienced staff when they began work. This helped them to get to know people and how they liked to be cared for.
- There was a programme of statutory and refresher training for all staff. This helped to make sure staff skills were kept up to date and their practice was in accordance with up to date best practice. Staff felt well supported and confirmed statutory training had been completed.
- During the COVID-19 pandemic the majority of staff training had been on-line. The registered manager said that with the lifting of restrictions they were starting to plan more face to face training which staff told us they were looking forward to.

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

- People lived in a building which was well maintained and safe. Since Harbour Healthcare Ltd took over the home they had started to refurbish the house to make sure it was a pleasant place for people to live.
- The refurbishment of communal areas meant there were a variety of comfortable seating areas where people could spend their time. Further decoration was planned to raise standards throughout the building.
- People had access to the equipment they needed to meet their needs. There was sufficient lifting equipment to support people, assisted bathing and showering facilities and a passenger lift. A new lift was being planned. This would replace a stair lift and would enable people of all physical abilities to access all areas of the home.
- There were extensive grounds around the home and a safe patio area for people who liked to spend time outside.

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

- People had their day to day healthcare needs monitored and met by registered nurses. Where people had specific needs, the registered nurses worked with other healthcare professionals to make sure people had the treatment they required. One person commented, "We have a lady who does the medication and you could always talk to her, if you have a headache or something, or you don't feel very well, and she will put it right for us."
- Where nurses were monitoring long term health conditions, such as diabetes, there were no care plans for staff to follow. This meant that staff may not always have the information they needed to recognise when someone was becoming unwell. We discussed this with the registered manager who gave assurances that these would be put in place. We have not been able to test the effectiveness of these care plans.
- Staff met with a multi-disciplinary team on a monthly basis. This enabled them to share information and concerns and together look at the best support for people.
- People had access to healthcare professionals according to their individual needs. These included GP's, community nurses, opticians and speech and language therapists. People told us that staff or relatives helped them to attend appointments outside the home.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- A small number of people living at the care home were being cared for under DoLS. Where conditions had been applied to the DoLS these were recorded in the care plan.
- People were supported by senior staff who had an understanding of the Mental Capacity Act and how to apply it to protect people's legal rights. We saw that capacity assessments had been undertaken to determine a person's level of understanding. Where people lacked capacity to make a decision then best interests decisions had been made and recorded. These gave evidence that decisions made were the least restrictive for the person.
- The registered manager appreciated people had the right to make decisions for themselves. They had been working with other professionals to enable a person to make a decision about their future.

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.

This is the first inspection since the service was registered to Harbour Healthcare Ltd. This key question has been rated Good. 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

- The registered manager led by example to create an ethos where people were treated with kindness and respect.
- We saw kind and caring interactions throughout the day of inspection. Staff demonstrated understanding and compassion for the people they were supporting. People were supported at their own pace and we heard staff offering people choices.
- People told us staff were kind and respected them. One person said, "Staff here are very good. They try to be as kind and helpful as possible." Another person commented how kind and gentle staff were when they assisted them with personal care.
- People's care plans contained information about their wishes and lifestyle choices. This gave staff the information they needed to ensure they cared for people in accordance with their cultural needs and wishes.

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

- Staff respected people's choices. A member of staff told us about a person who liked to have their own early morning routine. The staff member said they made sure this happened for them.
- The registered manager invited people and family members to meetings at the home to discuss changes. For example, when the decision was taken to close part of the home for refurbishment.
- People felt able to make choices about their care and support. One person said, "You get to know them, they understand you. Understand what I like. I do speak up, I do tell people what I like and what I don't like. They do respect me and listen."
- Some people felt involved in their care plan, but others could not remember being involved. One person said they thought they had been involved but added, "I can't remember when it was last reviewed." A family member said staff had gone through the care plan with them when their relative moved to the home.

Respecting and promoting people's privacy, dignity and independence

- The registered manager told us they aimed to promote independence and encourage people from all areas of the home to eat and enjoy activities together.
- People had been able to personalise their rooms to ensure they were homely and individual.
- People felt staff respected their privacy and dignity particularly when supporting them with personal care.

When asked if staff respected their dignity one person said, "Yes, especially the day staff. They do their best and I appreciate it." Another person commented, "Yes, staff are respectful."

- People were able to see personal and professional visitors in their rooms or in communal areas according to their wishes. A visitor said they had the choice of meeting in private or in the lounge.

Is the service responsive?

Our findings

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

This is the first inspection since the service was registered to Harbour Healthcare Ltd. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- There was limited social stimulation for people in the area of the home which cared for people living with dementia. There was a small lounge in this part of the home with three people sat in it. There were no staff interacting with people and no music or entertainment.

We recommend that the provider ensures staff have suitable training to enable them to provide meaningful occupation and stimulation for people living with dementia.

- Throughout the COVID-19 pandemic the staff had supported people to maintain contact with friends and family in accordance with Government guidelines.
- The staff helped people to stay in touch through visits, phone calls and video calls. We heard that one person had been able to share their birthday celebrations with family at the home. As this person also had family who lived abroad, they had been able to join the celebrations via video call.
- There was an activity worker who supported people to take part in activities. Due to the COVID-19 pandemic we heard that activities had been mainly carried out on an individual basis, but the staff were hoping to get people to start participating in group activities again. One person commented that the new activity worker had asked them about their interests and hobbies. The activity worker told us there was a plan to review the activity programme and the timing of group activities to better suit people's preferences.
- Some people told us they would value more social activities and entertainment. One person who said they spent their time watching television in their room told us, "If they had more entertainment I would definitely go. I like a bit of music." However, another person said, "I have been down [to activities]. [Staff name] used to be here and she trimmed my nails and played cards. There is plenty we can occupy ourselves with. They give us a list, tell us what is going on."

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

- Each person had a care plan which set out their needs and wishes. However, staff said they always asked people how they wanted care provided each day. One person's care plan said they liked to get up and sit in a comfortable chair during the day. When we met with this person they were being cared for in bed. Staff asked, said the person had chosen to stay in bed that day.
- People received care which met their physical needs and took account of their known wishes. Although staff were extremely kind and caring when they helped people, care sometimes appeared task focussed rather than person centred. Staff told us they had limited time to interact with people when not providing

care. One person said, "It can be a long day. They [staff] visit me to perform tasks and are sweet to me but some days that is it."

- On the day of the inspection we saw that several people were being cared for in bed. We asked a member of staff about this and they told us they supported some people to get up on alternate days to support good pressure area care. There was no evidence in care plans that this was people's choice.
- Staff commented that staffing and care issues had been difficult during the pandemic. They said they had concentrated on keeping people safe. The registered manager told us they were now working with staff to get back to a more person-centred approach to care. This is an area for improvement to ensure that people receiving personalised care and support.

End of life care and support

- People could be confident that at the end of their lives they would receive kind and compassionate care. People's wishes regarding their end of life care were discussed with them when they felt able to talk about this sensitive subject. Staff made sure people were well looked after in accordance with their wishes and needs.
- There were always registered nurses on duty who ensured people had the appropriate care and medicines to help them to be comfortable and pain free at the end of their lives. Medicines were ordered and administered as required when people were receiving palliative care.
- People were able to have family and friends with them at the end of their lives. The home welcomed family members and friends into the home to provide comfort and support to people if they wished for this.
- Treatment Escalation Plans (TEP) were in place, which recorded important decisions about how individuals wanted to be treated if their health deteriorated. This meant people's preferences were known in advance, so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and care plans were in place to give details about how they communicated. Information included in care plans gave examples of how non-verbal communication should be used. For example, gentle touch to hand or shoulder to give assurance of safety.
- Any aids that people required to support them with communication were identified in care plans. For example, information about the use of glasses and hearing aids, which enhanced communication, was recorded.

Improving care quality in response to complaints or concerns

- The registered manager responded to all concerns and complaints to make sure these helped to drive improvements. Minutes of a recent meeting showed that concerns were discussed with the staff team and action was taken to make improvements.
- People said they would be comfortable to raise any worries with a member of staff. One person said if they were worried about anything they would, "Talk with a nurse." Another person told us they had no concerns or complaints but would talk with the registered manager if they did.

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.

This is the first inspection since the service was registered to Harbour Healthcare Ltd. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and provider were committed to promoting a culture that was open and inclusive. They said their ethos was to encourage independence, promoting what people enjoy and inclusion for all.
- People were happy with the care and support they received. One person told us, "They look after me very well." Another person said, "It is lovely here. Everyone is very nice here."
- Staff spoken with knew people well and provided physical support in a person-centred way. However, some care staff did not use opportunities to engage with people when not carrying out a task. For example, there was limited social stimulation for people in the area which cared for people living with dementia.
- People were supported by dedicated activity staff. These staff spent time with people to provide one to one stimulation and some group activities. The registered manager told us that these activities would be further expanded now that COVID-19 restrictions were being lifted.
- People and staff thought the registered manager was open and approachable. One member of staff said, "You can always go to the manager or clinical lead. They are very open and listen." Another said about the registered manager, "Can call her anytime with queries-her door is always open."
- The registered manager and provider undertook investigations when things went wrong and worked with other professionals, such as the Local authority Safeguarding Team, in a transparent way.

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

- There was a staffing structure which gave clear lines of accountability and responsibility. There was always a registered nurse on duty who monitored people's health and well-being.
- The provider and registered manager had systems to monitor the quality of care provided to people. Action was taken to make improvements when these systems highlighted shortfalls in care and support.
- There was a commitment to ongoing improvements to make sure the service continued to develop. There was a service improvement plan which showed where changes were planned and implemented.
- The provider was pro-active in seeking solutions to issues. This included looking at ways to increase recruitment of staff and ensure people were well supported by sufficient numbers of skilled staff.

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

- Staff worked in partnership with other professionals to make sure people received the care and treatment they needed. This included regular multi-disciplinary meetings to enable staff to discuss individual concerns and more general issues.
- The provider sought the views of staff to enable them to influence the running of the home and be involved in changes. Staff were able to share their views through one to one supervisions and team meetings.
- The provider engaged with people and family members when planning changes at the home. This had included information meetings and letters about refurbishment. The registered manager said that people had been involved in choosing furniture and colours.
- People told us they and their relatives, received a monthly newsletter to keep them up to date.