Appletree House Care Home

Appletree House Residential Care Home

Inspection report

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Date of inspection visit: 30 & 31 July 2015
Date of publication: 27/10/2015

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

Overall summary

We inspected Appletree House residential care home on 30 and 31 July 2015. Appletree House is a residential care home that provides accommodation and support for up to fifteen people. The people living there are older people with a range of physical, mental health needs and some people living with the early stages of dementia. On the day of our inspection there were thirteen people living at the home. Appletree House is a detached house spread over three floors. People's bedrooms were situated on the ground and first floor. The house is set within a garden.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We previously inspected the service in September 2014 where the provider was not meeting the requirements of the law in regard to gaining people's consent, assessment of capacity and training for staff in this area; person centred care where lunch was task focused and care plans did not correspond to the care provided: limited audits of practice in place and the need for refurbishment identified. At this inspection, we found that improvements had been made and that these issues had been resolved.

Consent was sought from people with regard to the care that was delivered. Staff understood about people's capacity to consent to care and had received training in this area. The registered manager was aware of DoLS (Deprivation of liberty safeguards) and how to identify someone who may need this.

People who lived at Appletree House were safe as they were cared for by staff that knew them well and were aware of the risks associated with their care needs. There were sufficient numbers of staff in place to keep people safe and staff were recruited in line with safe recruitment practices. Medicines were ordered, administered, recorded and disposed of safely. Staff had received training in safeguarding adults.

People could choose what they wanted to eat from a daily menu or request an alternative if wanted. They were encouraged and supported to eat and drink enough to maintain a balanced diet. We observed that lunch time was calm and relaxed and people received their main course and pudding in a timely manner.

Staff were appropriately trained holding a National Vocational Qualification (NVQ) in Health and Social Care and had received all essential training. New Staff were carrying out a new recommended training called The Care Certificate which provides a benchmark for training in adult social care.

People could choose when they wanted to get up and go to bed and were cared for by kind and compassionate staff. People told us how well the staff knew them. One person told us "I'm very happy here in capital letters. I can find no fault". Another person said "The good thing is the way they help you". People's individuality was respected and choices were given regarding how their care was delivered.

The provider did not have over sight of the quality of care being given or formal supervision arrangements in place for the registered manager. We have made a recommendation regarding this. The registered manager had created a culture that placed the person at the centre of the care that they received. Staff values reflected this and there was a cohesive approach to providing care and support. Professionals we spoke with told us that the staff contacted them in a timely way and worked in partnership to deliver care and support.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People were supported by staff that recognised the potential signs of abuse and knew what action to take. They had received safeguarding adults at risk training.

Risks to people were assessed and managed appropriately. There were comprehensive risk assessments in place and staff knew how to support people.

Staffing levels were sufficient and safe recruitment practices were followed. Medicines were managed, stored and administered safely.

Is the service effective?

Good

The service was effective. People's consent to their care and treatment was assessed. Staff followed legislative requirements and had a good understanding of the Mental Capacity Act 2005 (MCA).

People could choose what they wanted to eat and had sufficient amounts to maintain a balanced diet. They were asked for their views about the food. People had access to and visits from, a range of healthcare professionals.

Staff were trained in all essential areas and new staff completed a comprehensive induction programme. Communication between staff was good and other professionals were contacted in a timely way.

Is the service caring?

Good

The service was caring.

Staff knew people well and friendly, caring relationships had been developed. People were encouraged to express their views and how they were feeling.

People's dignity and privacy was respected.

End of life care was delivered sensitively by staff who understood people's wishes. Advice and support was implemented from a range of health professionals.

Is the service responsive?

Good

The service was responsive.

Care that was delivered was person centred. Staff were aware of people's preferences and how best to meet their needs. There were activities available to participate in.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

Summary of findings

Is the service well-led?

The service was not always well led

There were no formal supervision arrangements for the registered manager and limited oversight of the management of home by the provider.

There were systems of quality assurance in place that provided evidence of the monitoring of the service and actions for improvement.

The registered manager was fully involved in the day to day running of the home and had created a culture where there was open communication and people were placed at the centre of their care.

Requires Improvement

Appletree House Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We previously carried out an inspection of the home on the 13 and 14 September 2014. The comprehensive inspection identified breaches of regulations.

We inspected Appletree House on the 30 and 31 July 2015 and was an unannounced comprehensive inspection that also addressed concerns raised at the previous inspection. One inspector and an expert by experience undertook this inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. At this inspection the expert by experience had knowledge of the needs of older people.

Before our inspection we reviewed the information we held about the home. We looked at the action plan received from the provider which stated they would be meeting the regulations by 30 October 2014. We looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also contacted the local authority to obtain their views about the care provided in the home.

We looked at areas of the building, including people's bedrooms, the kitchen, bathrooms, and communal areas. We observed care and spoke with people, relatives and staff. We also spent time looking at records including four care records, three staff files, medical administration record (MAR) sheets and other records relating to the management of the service. We contacted local health professionals who have involvement with the service, to ask for their views. During the inspection we spoke with seven people who lived there and three relatives. We spoke with four care staff, the chef and the registered manager. Following the inspection we spoke with a GP and a community nurse. They were happy for us to quote them in our report.

Is the service safe?

Our findings

People we spoke with said that they felt safe and secure living at Appletree House. One person said "I've always felt safe here" and another person said "I feel perfectly safe here". When asked another person said "Oh yes I feel safe here". A relative told us that their family member was "content, happy and safe".

The registered manager knew who to contact in the event of identifying a safeguarding concern and had access to the local multiagency policy and procedure. When we spoke with staff they knew how to identify possible signs of abuse and that they needed to discuss any incidents with a senior member of staff. The registered manager had attended a recent roadshow that had been an information sharing forum run by the local authority regarding changes to policy and procedure in safeguarding practice. The registered manager had a contact in the local authority for discussing any safeguarding concerns. Staff we spoke with informed us that they had received training and demonstrated that they knew how to identify signs of abuse and were clear about how to report this.

People were safe as their health needs were identified and then acted upon. Risk assessments were in place which described the care that people received and identified areas that were a priority for example continence care or falls. The care plans and assessments demonstrated that people were receiving care specific to their individual needs. For example where someone was at risk of falls a risk assessment had been completed and an action plan recorded. If someone needed equipment to prevent a fall for example a sensor alarm this was identified. Where someone was at risk of agitation and confusion there was an assessment that identified causes of this and actions that staff could take to prevent the person experiencing this. Where someone was at risk of pressure damage, a Waterlow risk assessment had been completed and a plan devised to meet the need. A Waterlow risk assessment tool is used to determine if someone is at risk of getting a pressure sore. Where this person had needed referral to external professionals for more assessment this had been identified and actioned.

Clear risk assessments were in place for a person receiving end of life care and a clear protocol documented for how to manage any deterioration in the person's health. This included detailed daily recordings and a list of people to contact. If someone required support around orientation or confusion this was documented and methods to support the person recorded.

Although staff were busy on the day of inspection, they did not appear to be unduly rushed. There were few instances of people using their call bell. People said they tended to use their bell more either in the morning or later in the evening. Some people said there were enough staff on duty. One person said "The staff come quickly, there are enough of them about". Another person said "There are enough when I need them". Some people said that sometimes staff were rushed and there weren't enough staff on duty. One person said "They're very short staffed sometimes". Staff said that there were enough staff most of the time. All staff we spoke with said that the team was supportive and helped out if there were staff shortages. A member of staff said it "Can be difficult" with the number of staff on duty. This staff member said that that people's safety was never compromised. The registered manager said that they thought the number of staff on duty were enough to meet people's needs safely. They told us that they would contact the provider if they identified a need for more staff. On the day of our visit we observed that there were enough staff to carry out care tasks and keep people safe. The manager reviewed the need for staff based on the numbers of people living at the home and the level of need they had.

People received their medicines safely. Medicines were stored in a locked cupboard in a small storage room. There were clear guidelines in place to support staff with the administration of medicines. Staff were trained in the safe administration of medicines and shadowed another member of staff until they felt confident to do this. Staff were then observed by the registered manager or deputy registered manager to assess competency. We observed the administration of medicines and we saw that staff were competent. We observed staff offering people PRN (as needed) medicines and asking people if they were in pain and wanted pain relief. When the person declined this was respected and recorded. The registered manager and deputy registered manager had oversight of this process. Medicines were ordered monthly and stocks recorded. Any returns were recorded and signed by the pharmacist. Mar (medication administration records) had been completed and PRN (as needed) medicines were offered in line with the medicines policy. These records had a photo of the

Is the service safe?

person at the front of the record to identify them and minimise the risk of administering the wrong medicine. There was a list with people's signatures to identify staff who could administer medicines.

Appropriate checks were undertaken before staff began work. We examined staff files containing recruitment information for four staff members. We noted criminal records checks had been undertaken with the Disclosure and Barring Service (DBS) in all cases. This meant the provider had undertaken appropriate recruitment checks to ensure staff were of suitable character to work with vulnerable people. There were also copies of other relevant documentation, including job descriptions and character references.

Good

Is the service effective?

Our findings

At the last inspection a breach of regulation was identified in relation to regulation 18 which corresponds to regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was in relation to there not being suitable arrangements in place that established whether a person could consent to care and treatment and where they did not, acting in accordance with the best interests of that person. At this inspection, we found that sufficient steps had been taken and that the breach had been resolved. Consent to people's care and treatment was sought in line with legislation and guidance. Staff demonstrated the need to ask for people's agreement regarding everyday issues such as taking medicines and receiving personal care. Staff had an understanding of the Mental Capacity Act 2005 (MCA) and demonstrated their knowledge of this. Records showed that peoples consent was documented regarding their consent to care and treatment. Best interest's decisions recorded if needed. Consideration of who should be consulted as part of that process was recorded. There were also record on file of decisions that had been made that had been led by the local authority.

On the day of our inspection no one living at Appletree House was subject to a Deprivation of liberty safeguard (DoLs). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The registered manager was aware of the supreme court judgement made in April 2014 that requires consideration to be given for a DoLs if a person who lacks capacity is subject to complete supervision and control by those caring for them. The registered manager informed us that one person had been subject to a Dols and that this had been reviewed in line with recommended timescales and was no longer the case.

At the last inspection we identified a breach in relation to regulation 9 which corresponds to regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was around meal times being rushed, task orientated and not person centred. At this inspection, we found that sufficient steps had been taken and that the breach had been resolved.

People had sufficient to eat and drink. We observed the lunchtime period in the dining and lounge area. The dining table had been set by one of the people living at Appletree House who told us that they enjoyed doing this task and it was clearly something they took pride in. Five people ate at the dining table, four people in the lounge and others ate in their rooms. Meals were well presented and everyone had a drink available to them. The member of staff serving the meals told people what the dish was before serving it. No one required support to eat and there was a calm atmosphere where no one was rushed. People ate their main course at different paces and the member of staff checked that they had finished before removing their plate. Everyone had a pudding and appeared to enjoy it. There was one meal on the menu everyday but people could choose an alternative such as an omelette, jacket potato or sandwich. People told us that they liked the food. One person said "the food is plentiful and lovely, nicely cooked and really appetising". Another person said "The food's smashing. Our cook is very good, she tries to give us what we see on the telly". A relative said that their family member "enjoys the food". They told us that when their family member had arrived at Appletree House they had been underweight and that since moving in their weight had increased. We saw people's likes and dislikes in relation to food and drink recorded in their care plans. The cook also had lists of peoples likes and dislikes. For example it was recorded that one person didn't like 'baked beans, mushrooms and prawns' and for another person it was recorded that they liked 'strong tea'. We observed staff offering choices and demonstrating that they knew peoples likes and dislikes. The cook also had a list of foods that they could use to fortify meals if someone was underweight for example butter and cream.

The service used a Malnutrition Universal Screening Tool (MUST) to monitor people's nourishment and weight. MUST is a five-step screening tool that identifies adults who are malnourished or at risk of malnutrition. The tool includes guidelines which can be used to develop people's care plans. Peoples weights were recorded which were part of completing the MUST tool and were reviewed regularly. Where it was identified that food and fluid intake needed to be recorded this had been done.

People expressed confidence in the skills and abilities of the care staff at Appletree House. It was clear that staff knew individuals well. One person said "They're all very good, they do their job well". Staff told us they received

Good

Is the service effective?

enough training to carry out their roles. They said that they received an induction that introduced them to the home and the people living there. They also received initial training as part of their induction in areas such as safeguarding, manual handling, medicine management and infection control. They had opportunities to undertake Diplomas in health and social care which staff told us enhanced their skills and knowledge. The registered manager showed us that she was introducing the Care Certificate for new members of staff. The Care Certificate is a new training tool devised by Skills for Care that provides a benchmark for the training of staff in health and adult social care. We saw from the notice board in the staff room that training had been arranged for staff for that week in medicine management and that First Aid training was booked for November. Staff told us that they received supervision from the manager and that this identified training needs. Supervision records demonstrated that this happened in practice.

Staff told us that they received training in dementia care and could give us clear examples of how this had supported them to understand people's needs and provide the appropriate care. One staff member told us that they had learned that it was important to "give eye contact and speak slowly and clearly". Staff were aware of the importance of physical touch for reassurance and spoke about holding people's hands. A staff member said it was important to "sit and chat and hold people's hands if they want it".

People told us that staff would get a doctor for them if needed. One person said "They would organise the doctor for me". Another person said "They arrange for you to see the doctor". In the staff room a white board was used to note a range of health care appointments that had been made for people. People received support from specialised healthcare professionals when required, such as community nurses. We saw that for one person who was receiving end of life care had recently had a review by the GP and that community nurses were regularly involved in their care. We spoke with a representative from the community nurses who told us that staff were 'Helpful, they follow advice that nurses give'. A GP said that staff called on them appropriately when needed and implemented care and treatment that was prescribed. They said staff were " Really helpful and really try to support people".

Good

Is the service caring?

Our findings

Everyone spoke very highly of the caring nature of the staff at Appletree House and we observed this in practice. One person said "They're all caring and kind, you can't fault them". Another person said "They're wonderful here, anything you ask for they'll do for you." Another person said "They're very kind and caring when they're helping you". A relative told us "Staff are very helpful".

We observed staff speaking to people kindly and offering choices for example a staff member asked a person who had just moved to Appletree House where they would like to eat their lunch. This person wasn't sure so the member of staff suggested eating in the dining area on this day but said that they could always change their mind if they wanted to. It was clear staff knew people well and which people enjoyed a joke and banter. We heard the cleaner chatting to and laughing with people as they cleaned people's rooms. People enjoyed the presence of humour. One person said "I'd say the staff are happy go lucky. We have a joke and a laugh, lots of pleasantries". Another person said "We joke a lot here, it's nice and informal".

People were involved in their care and supported to be as independent as possible. Throughout the days of inspection we observed people being given choices regarding medicines, food, activities and care tasks. One person told us "I can wash and dress myself partly, they encourage me. As long as I can I want to do things for myself". Another person said "When I have a bath they ask if I want help, they're very good. They always ask 'Are you alright? Do you need any help'". A person said "They encourage you to do things for yourself. I'm still independent to a certain degree". Another person showed us their manicure kit and told us "I still do my own nails

Staff told us they supported people to be independent and one staff member gave us an example of supporting someone by "popping back and forth as needed" to offer support. Staff were clear that they always asked people what they needed. Staff also gave us examples of how they treated people with dignity and respect. They gave practical examples when supporting people with personal care and told us that they would ensure that areas of the body were covered while attending to other parts of the body. Staff told us they would "close curtains to protect dignity". Another member of staff told us that they "ensured privacy" and gave the example of making sure any conversations about a person's health needs were private. We observed that people who spent time in their rooms had different preferences about whether they wanted their door open or closed. Staff were aware of this and respected individual preferences.

People said there was respect for their dignity and they had no concerns in this area. One person said "Dignity, they're fine on all of that. When I have a bath we have a laugh so I don't even think about it". Another person said "Dignity is all fine" and another said "If they do anything for me in my room the door is closed".

We observed that people's rooms were personalised with important ornaments and photographs. People were all dressed in their own individual styles. Some of the women wore jewellery, had painted nails and carried handbags with items important to them inside.

There was one person who was receiving end of life care and it had been decided that it was in their best interests to be cared for at the home. The person was supported by the community nurses who ensured that the person's nursing needs were met. There was a clear plan of care in place and we observed that staff were sensitive and attentive to this person's needs. We saw that care was recorded in detail and that for example turning charts were completed with regularity. The relative of this person told us that they were happy with the care that their family member was receiving and that they were being kept comfortable.

Good

Is the service responsive?

Our findings

At the last inspection we identified a breach in relation to regulation 9 which corresponds to regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was in relation to daily recordings of care given not reflecting what was written in a person's care plan. At this inspection, we found that sufficient steps had been taken and that the breach was resolved.

Care records we looked at were up to date and the daily recordings reflected the care that was being provided. For example for someone needing to be turned due to receiving all care in bed We saw that there was a specific record for recording this and that it had been completed. We observed handover and cross referenced this information with people's care plans and daily recordings and saw that the care that was discussed and delivered was the care that was recorded. For example catheter care for someone who had come for respite care was discussed and then we saw that this was recorded in the care plan and notes. For someone who had experienced a stomach bug information was handed over and this corresponded to the written documentation of care provided. Care plans that we looked at reflected people's current needs.

Care records were regularly reviewed and kept up to date. They contained details of the person's life history, basic details of social interests, communication needs, personal care needs and health needs. For example for one person, they had described how they like to be interacted with. It was recorded that they wanted staff "To have a laugh with me and treat me with respect". Their family history was recorded, their previous employment and their likes and dislikes. This enabled staff to have an understanding of that person and the life they had lived. People had personalised their rooms especially with photos of family and friends. People said they felt free to do as they wished. One person said "You don't get told to do this or that. I choose to stay in my room till lunchtime. And you can go to bed what time you like, you're not restricted".

Staff we spoke with and observed demonstrated a thorough knowledge of the people they supported. Just as staff appeared to know people well, people living at Appletree House felt the same about staff. One person said "I know all the staff personally. I have a joke with them".

There were several visitors at the home on the day of our visit and people told us that they enjoyed seeing friends and family and in some cases, going out for the day with family.

We observed an activities session in the lounge area of the home in the afternoon of the day of our first visit. This was a seated exercise class run by an external trainer and people told us they looked forward to this. One person said "On Thursdays our PE teacher comes in, she teaches us to keep fit. I love it". Eight out of nine people in the lounge area joined in the activity including people with restricted mobility. The trainer knew everyone's name and ensured that she offered individual support and encouragement. People clearly enjoyed the session which provided helpful muscle strengthening exercise with lots of laughter and giggling along the way. Some people who had been sleeping earlier were alert and participating in the session.

The registered manager had recently implemented a "tuck shop" which was open on a weekly basis and allowed people to buy confectionary and small items such as toiletries. This had been actioned following a residents and family meeting where this had been identified by people as something they would like to have access to.

A small number of people chose to stay in their rooms and did not want to join in with the activities. They told us that they were happy watching TV or reading. Staff told us that when they were able they spent time with people one to one and would chat to people, do their nails and give a hand massage. One staff member gave us an example of printing off the words to a song that someone liked and then singing it with them.

The registered manager told us that there were activities on offer including exercise classes, bingo, bowls, skittles, reminiscence, sing along with staff and films. Two people came in with dogs for people to pat and outside entertainers came into the home. A relative told us that there hadn't been enough activities prior to the last inspection; they said "There weren't really enough activities to stimulate people. We complained about that and things got better". Another relative said that there were plenty of activities on offer for their family member. On person said how happy they were with the activities on offer, they said "We can have games, a sing song, someone comes to do gentle exercises, someone comes to play the banjo and we sing along." Some members of staff took a lead for different

Good

Is the service responsive?

activities. We observed and staff told us that if there were more staff they would be able to provide more and a wider range of social activities for people as a group and for individuals.

Relatives we spoke with said that staff kept in regular contact with them regarding their family member and were "Informed immediately" if there were any issues they needed to be aware of such as a health issue.

Most people at Appletree House had not made any complaints but all said they would be happy to do so should the need arise. One person said "If there's anything you're not happy about you just ask staff". Another person said "If I had cause to complain I wouldn't be afraid to mention it".

The complaints procedure was displayed in the hallway of the home and contained within the policy and procedure file. The registered manager told us that there hadn't been any formal complaints received since the last inspection. However we saw that there was a complaints book where any concerns raised outside of the formal process were documented and actions taken recorded.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection a breach regulation 10 which corresponds to regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 was identified. This was in relation to the provider not having effective systems for monitoring the quality of the service people received. It had also been identified that there wasn't a program of refurbishment in place to address areas of need within the home. At this inspection, we found that sufficient steps had been taken and that the breach was resolved.

The registered manager told us they were supported by the provider who lived overseas. The registered manager told us that they could contact the provider by telephone when needed. The registered manager told us that the provider visited the home once a year and carried out checks. We did not see any recording of checks carried out by the provider. The registered manager did not receive formal supervision but had an informal supportive relationship with another home manager. The absence of any formal support or oversight for the registered manager could mean that the provider was not always assured of the quality of the service being provided at Appletree House.

We recommend that the provider seek guidance around methods for assuring the quality of service provision and supervision methods for supporting the registered manager.

People told us that they liked living at Appletree House and liked the atmosphere. One person said "This home is nice, small and homely, informal, that's what I like". Another person said "I think it's a happy place". We heard a lot of laughter throughout the time of our visit. There appeared to be good, positive relationships between staff and people living at Appletree House. The staff were very helpful throughout our visit, including coming to find us when they were about to undertake certain tasks in case we wanted to observe. For example when they were administering medicines or when an activity group was starting. Staff appeared at ease in their roles.

The registered manager told us that the atmosphere and values they wanted to promote in the home were "an open, honest approach, transparency, for people to speak freely and openly". The registered manager said "I think the one to one care is really good, the staff really know their residents and are committed to their jobs". Staff told us that people who lived at the home came first. One person told us why they did their job "I come for the residents, they come first". Staff told us that the atmosphere at was homely and that staff knew people well. Staff also told us that the manager was approachable and that their door was always open. Staff told us they were happy with their jobs. One staff member said "There's a friendly atmosphere and people look after one another". Staff felt confident to approach the registered manager should they have any concerns and told us about what they would do if they needed to whistleblow.

The registered manager showed us that they and the deputy manager had a system in place for monitoring different areas of the service which included environmental risks such as health and safety, infection control and fire safety. We also saw that there was a system for managing accidents and incidents and for example identifying where someone was at risk of falls and referring to the appropriate professionals as a result. We saw that the registered manager had introduced a comprehensive medicines audit took place annually and a plan for staff's assessment of competence.

There were clear systems of communication in place and we saw the 'bullet point' book that recorded any actions needed or important occurrences for people living at the service. Staff told us this was a useful tool for keeping up to date with what was happening. There was also a 'workbook' where tasks were delegated if they had not been completed on a shift. The whiteboard in the staff room was used to ensure staff were aware of any appointments people had and anything they needed to prioritise. The registered manager attended handovers wherever possible and we observed one of these where detailed information was shared and tasks handed over. The registered managed told us that they attended this to have an oversight of the day to day practice at the home.

The registered manager showed us a list of refurbishment actions that had recently taken place. These included replacing flooring, decorating rooms, tending to the back garden and the installation of a stainless steel kitchen island table. We saw that these had been completed.

Staff meetings took place and we saw the minutes from the last meeting in July which staff had signed to say they had

Requires Improvement

Is the service well-led?

read. Issues such as using supervision to discuss any problems within the team, recording care tasks accurately and person centred practice were discussed and actions agreed.

Feedback questionnaires were completed by people, staff and professionals who visited the home. We saw that a questionnaire had been completed by people in March 2015 and that peoples responses to the questions asked were positive. Where someone had responded that they were unaware of how to complain it was documented that the registered manager had discussed this with the person and given them the relevant information.