Ashton Care Homes Limited

Ashton House

Inspection report

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Ratings

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

Overall summary

The inspection took place on the 14 April 2015 and was unannounced.

Ashton House is a large detached property, consisting of a main house and purpose built wing. Ashton House is registered to provide care and nursing for up to 91 older people and older people living with dementia. Accommodation is provided over three floors, with passenger lifts providing access between floors. On the day of our inspection 84 people were using the service.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The previous registered manager had recently left. We have received an application to register the acting manager.

This is the first inspection under the new provider of Ashton House who registered in October 2014.

People told us they felt safe at the home. There were enough skilled and experienced staff to ensure people were safe and cared for.

Summary of findings

The experiences of people were positive. Staff were kind and compassionate and the care they received was good. We observed people at lunchtime and through the day and found people to be in a positive mood with warm and supportive staff interactions.

Staff told us how they worked together to support people and make sure people received the care they needed. Staff interactions were positive with staff speaking to people in respectful manners, asking them about what they wanted to do and giving choices

Care staff supported people to eat and they were given the time to eat at their own pace. People's nutritional needs were met and people reported that they had a good choice of food. Staff were patient and polite, supported people to maintain their dignity and were respectful of their right to privacy. People had access to leisure and social activities in line with their individual interests and hobbies. These included trips to local cafes and the seaside and entertainers who visited the home. We spoke with the provider who was working with staff on improving individual and group activities for people.

People's needs were assessed and personalised, care plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

People were cared for by staff who knew them well and positive, caring relationships had been developed. People were supported to express their views and arrangements were made to meet people's individual requirements. People were treated with respect and their privacy and dignity was promoted.

People who were living with dementia were supported to express their views and decisions. This included offering choices and having staff who understood their preferences, likes and dislikes.

Medicines were managed safely and people received their medicines when they needed them. Any risks associated with medicines were assessed and managed in people's best interests.

The manager considered peoples capacity using the Mental Capacity Act 2005 (MCA) as guidance. Staff observed the key principles in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded.

The manager made sure there were enough staff on duty at all times to meet people's needs. Appropriate checks were carried out before new staff started working at the service.

Staff felt fully supported by management to undertake their roles. Staff were given regular training updates, supervision and development opportunities. For example staff were offered to undertake a qualification in health and social care as part of on going support and development. Nursing staff were supported with training in specific nursing interventions such as wound care management and use of specialist equipment to help people maintain their independence.

People and relatives we spoke with were aware how to make a complaint and all felt they would have no problem raising any issues. The provided responded to complaints in a timely manner with details of any action taken.

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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. Staff understood the importance of protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and managed for.

Medicines were managed and administered safely.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Is the service effective?

Good

The service was effective. People received support from staff who understood their needs and preferences well.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

People had access to relevant health care professionals and received appropriate assessments and interventions to maintain their health. Staff had good relationships with professionals and called them for advice or to see a person when necessary.

People were supported effectively to make sure they had enough to eat and drink.

Is the service caring?

Good

The service was caring. People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices.

People's privacy and dignity were respected and their independence was promoted

Is the service responsive?

Good

The service was responsive to people's needs and wishes. Support plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in activities within and away from the home. People were supported to maintain relationships with people important to them.

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

Is the service well-led?

Good

The service was well-led.

There was a positive and open working atmosphere at the home. People, staff, relatives and professionals found the management team approachable and professional.

Summary of findings

The manager and provider carried out regular audits to monitor the quality of the service and plan improvements.

There were clear lines of accountability. The manager and provider were available to support staff, relatives and people using the service.

Ashton House

Detailed findings

Background to this inspection

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

The inspection took place on the 14 April 2015 and was unannounced.

The inspection team consisted of 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. In this case the expert had experience in older people's services.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with nine people using the service and six relatives/visitors, six care staff, three activity coordinators, two nurses, the deputy care manager, the manager and the provider.

We reviewed a range of records about people's care and how the service was managed. These included the care records for 12 people, medicine administration record (MAR) sheets, 12 staff training, support and employment records, quality assurance audits, audits and incident reports and records relating to the management of the service. We observed care and support in the communal lounges and dining rooms during the day. We spoke with people in their rooms. We also spent time observing the lunchtime experience people had and a medication round with a member of staff.

After the inspection we spoke with one health care professional who worked with people who received a service to gain feedback.

The service was last inspected on 7 March 2014 under the previous provider and there were no concerns.

Good

Is the service safe?

Our findings

People told us they felt safe at the service. One person told us "I feel safe here". Another told us "There are no questions about safety in my mind". Each person told us they could speak with someone to get help if they felt unsafe or had any concerns. One relative said, "I think my relative is 100% safe here".

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and we confirmed this from the staff training records. Staff described the sequence of actions they would follow if they suspected abuse was taking place. They said they would have no hesitation in reporting abuse and were confident that management would act on their concerns. Staff were also aware of the whistle blowing policy and the option to take concerns to appropriate

agencies outside the home if they felt they were not being dealt with effectively. Staff could therefore protect people by identifying and acting on safeguarding concerns quickly.

People's views were varied on staffing, one person told us "I think they could do with more staff, they are a bit rushed". Another person told us "There are always carers around, you buzz and someone comes". We saw there was enough skilled and experienced staff to ensure people were safe and cared for. The provider used a dependency assessment tool. This enabled staff to look at people's assessed care needs and adjust the number of staff on duty based on the needs of the number of people using the service.

On the day of inspection call bells were answered without any undue delay. Staff rotas showed staffing levels were consistent over time. Staff confirmed that they felt there was enough staff to meet people's needs. We spoke with the acting manager and provider on how they monitored call bells and we were told that call bells were audited day and night to ensure care staff attended to people when needed. The provider told us "We undertake spot checks through the day and night to ensure care staff are attending to people's needs in a timely manner".

People were supported to receive their medicines safely. Policies and procedures had been drawn up by the provider to ensure medication was managed and administered safely. Medicines were safely administered by duty nurses. All medicines were stored securely in a locked medicine room and appropriate arrangements were in place in relation to administering and recording of prescribed medicine. We spoke with two nurses who described how they completed the medication administration records (MAR) and we witnessed this while the lunchtime medicines were being administered. Medicines were stored in a locked trolley which was not left unattended when open. The member of staff was polite and sensitive to people's needs whilst administering their medicines. For example the member of staff asked if they would like their medication and explained what the medication was for. Once administered the nurse completed the MAR sheets correctly. This ensured people received their medication safely. Weekly and monthly audits were undertaken by a nurse and the acting manager. These audits included stock levels, storage assessments and MAR sheets. Six monthly medicine competency assessments had been introduced. These were completed on the staff that administered medicines, to ensure understanding and best practice.

There was a system in place to identify risks and protect people from harm. Risk assessments were in place in people's care plans for areas such as moving and handling, nutrition and pressure area care. Where risks were identified, care plans were put in place for staff to follow. These provided information on how to keep people safe. One person required a slide sheet to be moved comfortably up and down the bed when required, the care plan detailed to staff on how to complete this safely. People who were susceptible to pressure sores the risks had been assessed. Turning charts were implemented and checked regularly to ensure peoples safety.

The premises were safe and well maintained. The environment was spacious which allowed people to move around freely without risk of harm. Staff told us about the regular checks and audits which had been completed in relation to fire, health and safety and infection control. Records confirmed these checks had been completed. The grounds were well maintained with clear pathways for those who used mobility aids and wheelchairs. Contingency plans were in place to respond to any emergencies, flood or fire. Staff told us they had completed health and safety training.

Good

Is the service safe?

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff handovers.

Recruitment procedures were in place to ensure staff were suitable for the role. This included the required checks of criminal records, work history and previous work references to assess their suitability for the role. A new member of staff confirmed this was the process they had undertaken before working at the home. This ensured safe recruitment procedures were in place to safeguard people.

Good

Is the service effective?

Our findings

People spoke positively about food choices and that they had enjoyed the food. One person told us "The food is very good, we get a choice most of the time". Another person told us "They come every day to say what is on the menu. If I don't fancy it I can change it". A relative told us "The food is really good they have put on weight since coming here". We saw detailed records of people's dietary needs in their care plans and these were shared with the kitchen staff.

Relatives and visitors felt that staff were sufficiently skilled to meet the needs of people at Ashton House and spoke positively about the care and support at the home. One relative told us "The staff are so well trained, they know how to diffuse a situation". People said staff listened to them and respected their choices. One person told us "Anytime I am worried about something the staff have already thought about it". A health professional also told us the staff provided effective care and met people's needs and always informed them of any changes to a person.

Food at the service was both nutritious and appetising. People could choose their meals from a daily menu and alternatives were available if they did not like the choices available. People could choose where they would like to eat, some ate in their rooms, the lounge and the dining room. We observed the lunchtime period. One person required help with eating and we saw a member of staff providing support in an unhurried manner while sitting and talking with the person. Where we saw care plans reflect a need to record fluid intake, we checked to ensure this was carried out and found records were all up to date. Special diets were catered for, we observed the chef making up a special gluten free menu for a person who had recently moved to the service. The staff were beginning to initiate a new method whereby the same care staff who leaves a food tray also collected it; this allowed the carer to gather information about what quantity of food and drink was eaten and also to ascertain specific likes and dislikes for those people. These were discussed and recorded at handover meetings between staff.

We were told how lunch was organised and staggered to ensure that everyone who needed help with eating and drinking received this. The provider told us about how they had improved the meal time experience and making sure staff are interacting with people. This has included setting up tables to be attractive with tablecloths and flowers and also not assuming where people want to sit but asking them each time where they would like to sit and showing them to the table. We observed this while in the dining room. The provider also told us how they monitored staff interactions, this involved them observing staff on interactions with the people and recording what was being said and observed. These would form part of staff's supervisions to discuss how they doing and highlight any development needs.

Care staff had knowledge and understanding of the Mental Capacity Act (MCA) because they had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions, the service involved their family or other healthcare professionals as required to make a decision in their 'best interest' as required by the Mental Capacity Act 2005. A best interest meeting considers both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and keep them safe. When people where in the communal areas a member of staff were always present. One person became agitated and wanted to go for a walk around the service, the member of staff spoke calmly and softly and asked if they would like to them to join them on the walk, which they agreed to.The member of staff joined them for a walk and ensured they were safe.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. 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. People had been assessed due to a keypad entry system on the doors in and out of Ashton House and people living at the service would possibly be subject to a DoLS the staff were in the process of completing applications and sending them to the local authority, we found that the acting manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

Good

Is the service effective?

Staff records showed they were up to date with their essential training in topics such as moving and handling and fire safety. The training plan documented when training had been completed and when it would expire. The provider was passionate on ensuring staff were up to date and skilled in their role and told us how they were implementing more training in specialist areas for the staff. This included further dementia training for all of the staff. Staff were knowledgeable and skilled in their role and meant people were cared for from skilled staff who met their care needs. The provider offered a vocational qualification in care to its entire staff. Some of the staff had recently signed up to undertake this qualification. One member of staff told us "We get lots of training usually monthly, it is really good". The manager told us how they provided training sessions to ensure nursing staff were kept up to date with best practice.

Staff had regular supervisions and a planned annual appraisal. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. Staff met regularly with their manager to receive support and guidance about their work and to discuss training and development needs. The manager held clinical supervisions with nursing staff and worked closely with them to ensure best practice.

We spoke with the deputy care manager who had been working on training and development for staff at Ashton House. He told us they are were always looking to improve the training staff receive and have moved to offering more courses at different times of the day to ensure all staff attended and did not miss out. They had also planned to add detailed courses for care staff such as diabetes and nutrition to improve staff's understanding. They were also introducing "Champions" were members of staff would specialise in an area such as infection control and moving and have extra training to assist colleagues in these subjects.

People told us they did not have problems accessing the healthcare they needed and told us a doctor and chiropodist visited regularly. People were supported to maintain good health and have on going healthcare support. People could see a doctor or nurse if required and had access to a doctor who visited Ashton House weekly. We saw visits from healthcare professionals were recorded in the person's care plan along with any information needed for staff. Care plans showed people's current health needs and care records were reviewed and updated to ensure people's most up-to-date care needs were met. For example when a person's needs had changed, the care plan detailed this. It also detailed how much assistance the carers needed to offer the person as well as information about the daily tasks they were able to undertake.

Care plans had an end of life pathway which stated how people wanted to be cared for at the end of their life. These included a statement about resuscitation which was issued by the GP with involvement from the person, heath care professionals and families.

Good

Is the service caring?

Our findings

We observed staff speaking to people in a kind and caring manner, offering reassurance or distraction when people were anxious. People said that staff were kind and helpful, although they mentioned that they sometimes felt rushed. One person told us "The nurses are very good the odd one is a bit quick, I sometimes feel rushed". Another person said "All staff are nice and care, any problems I can talk to them". Relatives we spoke with all said they found staff kind, caring, helpful and welcoming. One relative said "I think they are very caring and kind". Another said "I hear the way they approach my mother, they are so gentle and kind and always chat to her when doing things". We spoke with the manager who explained the importance of promoting people's independence and how they worked closely with the staff to ensure people were given enough time to their needs.

Staff showed a caring and compassionate attitude to the people who lived at Ashton House. One told us "We really care about everyone here in the home and make everyone that comes to live here welcome". Another told us "We get to know people really well and understand how they would like to be cared for, even people who know longer communicate verbally we get to know there ways and provide the best care possible".

There was a calm and friendly atmosphere at the service. Staff interactions between people and staff were caring and professional and people's independence encouraged. We observed one member of staff talking to people on what they would like for lunch, they offered various choices and wrote this down, taking time to let the person decide and helping when needed. We also saw a member of staff interacting with a person in the lounge who had just returned from hospital. They asked if they would like anything to eat and drink and told them how pleased they were that they had returned, making them feel welcome. The staff were patient and displayed a very caring manner with people.

People's preferences, likes and dislikes were recorded in care plans and respected. Although some people were not able to be involved in their care planning because of their dementia care needs, relatives were invited to contribute. Staff encouraged people to express their views and involve them in decisions in their care. One member of staff told us "Although some people can no longer communicate verbally you get to know peoples preferences". This could involve showing pictures or showing them choices of food. We are working on creating a picture menu to make it easier for people to understand and choose what they would like to eat".

People where possible told us that staff treated them with respect and dignity when providing personal care and otherwise. Staff asked people beforehand for their consent to provide the care, and doors were closed. A member of staff knocked on someone's door before entering and asking if they could come into their room to speak to them. A member of staff explained to us the importance of maintaining privacy and dignity and said "I always ask a person if they are happy for me to do something and respect their wishes". Another told us "I always knock on someone's door before entering it is so important people's privacy is respected". When people needed assistance with personal care we observed that staff did this behind closed doors in people's bedrooms and bathrooms. Attention to detail had been given with people's appearance and many ladies had clearly had a recent hairdressing appointment. One relative told us they were pleased that although their mother spent a lot of time in bed, staff always dressed her in day clothes during the daytime respecting her dignity.

Throughout the inspection we observed staff taking time explaining choices to people and responding to people's questions. People told us they were encouraged to be independent where possible. They were able to make choices about their day to day lives and staff respected their choices. We heard one person discussing they wanted to go and sit in the patio garden with their drink, the member of staff assisted them and they sat together talking and laughing.

The home had information about local advocacy services and had made sure advocacy was

available to people. This meant people were able to discuss issues or important decisions with people outside the home.

In the afternoon of the inspection people were asked if they would like to go out and enjoy the nice weather in the patio garden. We later saw people and staff interacting and enjoying themselves in the garden with tea and cake. One

Good

Is the service caring?

member of staff we spoke with told us “We asked the new provider if we could have new tables and chairs for the garden for the people who live here. Within know time they had been ordered and arrived, there great”.

Good

Is the service responsive?

Our findings

People had access to activities and could choose what they wanted to do. One person told us "Yesterday we had a harpist come and play for us, there is enough to do as far as I am able to". Another person told us "I enjoy the arts and crafts and quizzes we do". Some people did express to us they would like more activities in the home. One person told us "I don't think they do much to suit you".

Some relatives we spoke with felt there was not enough one to one time with people who were in their rooms a lot. One relative told us "It would be nice if people got taken outside more" another told us "I would like to see more talking and reminiscing with people here and get them out in the fresh air". The provider told us that this was an area with ongoing improvement that staff were working on to ensure people received activities suited to their needs. The provider had also recently purchased a new mini bus to ensure people were being taken out when required.

We spoke with three activity coordinators who described a varied programme of both group and one to one activities. We were told that they were working on improving interactions and activities with people on a one to one basis. The activity folders had been updated and held details of people's life history and what they enjoyed doing and also detailed the activities people had enjoyed over the months. These included photos of activities people had been involved in including cookery, quizzes, arts and crafts, music and movement and visits from external entertainers. On the day of our inspection there was a visit from a PAT (pet as therapy) dog and their owner. People had been looking forward to the dog visiting that day which people clearly enjoyed. The dog was taken to people in communal areas and in their bedrooms to interact with. Activities for people who spent a lot of their time in their bedrooms included hand massage, poetry and reminiscing on a one to one basis. People were also supported to maintain relationships with people important to them.

The manager told us they had recently worked on improving the care records which had all been updated and completely changed into a new version. The care records were easy to access, clear and gave descriptions of people's needs and the support staff should give to meet these. Staff completed daily records of the care and support that had been given to people. All those we looked at detailed task based activities such as assistance with personal care, moving and handling and support relation to people living with dementia.

Staff were responsive to people's needs and wishes. Staff, people and their relatives confirmed that as part of an initial assessment process, people visited the service so that they could determine whether the service understood and could meet their needs. People where possible and their relatives were able to give examples of how they had been involved in the care planning. Each person's care plan was personalised to them. Care plans were reviewed regularly and included information on maintaining people's health, their daily routines and how to support them. The care plans enabled people to say how they wanted to be supported. People's changing needs were discussed daily at staff handover meetings and care plans updated. Staff were enabled to provide support in line with the individual's wishes and preferences. One staff member said "I find the care plans are detailed and help us to ensure everyone receives the best care".

Some people could become anxious. Staff knew people well and monitored those people who might become anxious and gave support and responded positively. We observed one person who was looking distressed and anxious sitting in the lounge and started shouting. A member of staff went over to the person and sat down next to them and asked what they would like. The staff member held the persons hand and spoke to them reassuringly and the person began to calm down.

Handover meetings took place at the beginning and end of each shift. The meetings were headed by the duty nurse. We observed a meeting which included care staff discussing each person individually on their well-being, nutrition and hydration and any other concerns at that time. All of this information was recorded and then added into each person's care plan daily notes. One member of staff discussed with another about a person who had not eaten a lot all day and this had been out of character. They discussed possible reasons behind this and made sure it was all documented and recorded on a food and fluid chart to monitor.

People and relatives we spoke with were aware how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people and complaints made were

Good

Is the service responsive?

recorded and addressed in line with the policy. Most people we spoke with told us they had not needed to complain but any minor issue were dealt with informally and with a good response. One relative told us “I have had no problems raising issues. They did make a mistake but they told us and wrote a letter of apology, which I think was the right thing to do”. The provider responded to complaints in a timely manner with a written response and detailing what action they were taking on the complaint made.

People, relatives and staff were able to make suggestions on how to make improvements. One relative had recently suggested that more pictures in hallways would be good visual stimulation for people especially their relative who was living with dementia. The provider acted on this and recently purchased old pictures of the surrounding area as a lot of the people came from there. We were told there had been a good response to the pictures and they were looking at other ideas to improve the service and working with dementia specialists.

Good

Is the service well-led?

Our findings

The previous registered manager had left the service in January 2015. The current manager was going through the registration process with the care quality commission. The provider and management team in place had worked closely together to ensure a well led service was operating.

The manager and provider was developing an open and inclusive culture by meeting and working with people's relatives, staff and external health and social care professionals. The manager and provider told us of the challenges they had faced over the last few months and how the service was improving on a day to day basis. The manager told us "We have developed relationships with external healthcare professionals, in order to share and increase knowledge. We are also in the process of meeting with relatives on an individual basis and group meetings to gain feedback and discuss what our vision is for the home".

People and relatives spoke positively about the quality of care and how the service was managed. One person told us "The communication is good from the home to us, they tell us anything that has changed". A relative told us "I have met the new management team to discuss the care plan". Another told us "I think there is good leadership in place here".

People were supported to be involved in the running of the service through meetings. The minutes of recent meetings showed a range of issues had been discussed, such as activities and changes of the management structure. Staff meetings were held on a regular basis; this gave an opportunity for staff to raise any concerns and share ideas as a team. Recent minutes of staff meetings demonstrated that staff were involved in the new care plans and had shared ideas.

Regular audits of the quality and safety of the service were carried out by the manager, provider and the homes management team. Action plans were developed where needed and followed to address any issues identified during the audits. For example recent changes included carpets being replaced in rooms where needed and blinds had recently been ordered for the conservatory ceiling due to the light being too bright for people. This was confirmed with what we were told in the PIR, the provider had sent to us prior to the inspection. Performance management systems were in place and we were told how these had been implemented when necessary to ensure working practices delivered high quality care.

The manager demonstrated they were committed to the continuous improvement of the service. Staff had been working on new care plans to ensure they were person centred and contained all the relevant information. They were also committed to ensuring their staff had the correct training and provided them an opportunity to undertake a qualification in health and social care. We were told "Our aim is to make sure people are happy living at Ashton House and receive great care, we are working on lots of ways to improve the service". Regular audits were carried out by the management team to monitor the quality of the service and plan improvements. This included audits on equipment, medicines and support planning documents. We were shown a fire safety audit that had been completed recently and where improvements had been made and an improved fire system had been ordered. The audits and reviews benefited people as they resulted in improved practice.

Feedback from people had been sought via surveys. Surveys were being sent to people at the home, staff, relatives and visiting health care professionals. Comments from a recent survey included there was no planned forum for relatives to raise concerns. The provider has addressed this by introducing regular relative meetings to be held throughout the year. This helped the provider to gain feedback from people and relatives and what they thought of the service on areas where improvement was needed.

Staff felt able to raise concerns with the acting manager and they were confident concerns would be thoroughly investigated. One told us "We can speak to the manager about anything, they are really supportive". Another staff member said "I feel supported in my role and the manager is always approachable".

The provider told us how they had employed a deputy care manager whose main responsibility is to drive improvement in various areas in the home including training, care and interactions between people and staff. We spoke with the deputy care manager who showed passion in improving the service and told us how they worked along staff around the home to help them to improve and how they held supervisions with staff on a regular basis.