Rotherham Healthcare Limited

The S.T.A.R. Foundation

Inspection report

Astrum House
Nightingale Close
Rotherham
S60 2AB
Tel: 01709 834000
Website:

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
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 20 and 21 July 2015 and was unannounced on the first day. We last inspected the service in February 2014 when it was found to be meeting with the regulations we assessed.

The S.T.A.R. Foundation Nursing Home, which is also known as Astrum House, is located close to the centre of Rotherham. It caters for up to 60 people over the age of 18 years old whose needs include mental health, physical disabilities and/or a learning disability. Accommodation is provided on three wings which are divided into units, each having four en-suite bedrooms and communal living areas.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

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

People we spoke with told us they felt safe living in the home. Throughout our inspection we saw staff encouraged people to be as independent as possible while taking into consideration their wishes and any risks associated with their care. People's comments, and our observations, indicated people using the service received appropriate support from staff who knew them well.

People received their medications in a safe and timely way from staff who had been trained to carry out this role. However, records pertaining to medication were not always robustly completed.

There was enough skilled and experienced staff on duty to meet people's needs. We saw there was a recruitment system in place that helped the employer make safer recruitment decisions when employing new staff. New staff had received a structured induction and essential training at the beginning of their employment. The majority of staff had received timely refresher training to update their knowledge and skills. Where this had not taken place the registered manager had identified shortfalls and was arranging further training.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were in place to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

The Deprivation of Liberty Safeguards were only used when it was considered to be in the person's best interest. This legislation is used to protect people who might not be able to make informed decisions on their own. The registered manager demonstrated a good awareness of their role in protecting people's rights and recording decisions made in their best interest.

We saw people received a well-balanced diet and were involved in choosing what they ate. People's comments indicated they were happy with the meals provided. We saw specialist dietary needs had been assessed and catered for.

We found people's needs had been assessed before they moved into the home and they had been involved in formulating their care plans. Care records reflected people's needs and preferences so staff had guidance about how to support them. Care plans had been regularly evaluated to ensure they were meeting each person's needs, while supporting them to reach their aims and objectives.

A varied programme was in place to enable people to join in regular activities and stimulation, both in-house and in the community. This included therapeutic activities such as physiotherapy, hydrotherapy and sensory programmes. People told us they enjoyed the activities they took part in, which they felt enhanced and improved their lives and abilities.

The provider had a complaints policy to guide people on how to raise concerns. There was a structured system in place for recording the detail and outcome of any concerns raised.

People had been consulted about the service they or their relative received, but the outcomes of surveys had not always been analysed and shared with people using and visiting the service.

An audit system had been used to check if company policies had been followed and the premises were safe and well maintained. Where improvements were needed action had been taken, but action plans had not been put in place to evidence how these had been addressed.

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?
The service was safe.

Systems were in place to reduce the risk of abuse and to assess and monitor potential risks to individual people.

There were sufficient staff employed to meet people's individual needs. We found recruitment processes were thorough which helped the employer make safer recruitment decisions when employing new staff.

Systems were in place to make sure people received their medications safely which included key staff receiving medication training. However, records were not always robustly completed.

Requires improvement

Is the service effective?
The service was effective

Not all staff had completed training about the Mental Capacity Act, but those we spoke with understood how to support people whilst considering their best interest and further training was planned.

Records demonstrated the correct processes had been followed to protect people's rights, including when Deprivation of Liberty Safeguards had to be considered.

Staff had completed a structured induction and a varied training programme was available, which helped them meet the needs of the people they supported.

People were happy with the meals provided, which offered variety and choice. Specialist dietary needs had been assessed and catered for.

Good

Is the service caring?
The service was caring.

People were happy with how staff supported them and they raised no concerns with us about the care and support they received.

We saw staff interacted with people in a positive way while respecting their privacy, preferences and decisions. They demonstrated a good awareness of how they should respect people's choices, ensuring their privacy and dignity was maintained.

Good

Is the service responsive?
The service was responsive

Good

Summary of findings

People were involving in developing their care plans which reflected their individual needs and preferences. Plans had been evaluated on a regular basis to see if they were being effective in meeting people's needs and goals in life.

People had access to various activities and stimulation that were tailored to meet their individual needs and preferences. This included therapeutic activities such as physiotherapy, hydrotherapy and sensory programmes.

People knew how to make a complaint and systems were in place to manage any concerns received. The people we spoke with raised no complaints or concerns.

Is the service well-led?

Good

The service was well led

There was a system in place to assess if the home was operating correctly, and action had been taken to address any areas that needed improving.

People had been consulted about the service they or their relative received, but outcomes of surveys had not always been analysed and shared with people using and visiting the service.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

The S.T.A.R. Foundation

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 was 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 20 and 21 July 2015 and was unannounced on the first day. The inspection team consisted of an adult social care inspector 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 instance their area of expertise included supporting younger people with severe learning disabilities.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications. We also requested the views of service commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider told us they had not completed a Provider Information Return (PIR) as our request had not been received. 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.

At the time of our inspection there were 59 people using the service. We spoke with six people who used the service and a relative. To help us understand the experiences of people who used the service we also spent time in communal areas observing how care was provided and how staff interacted with people.

We spoke with the registered manager, the provider, five members of the management team and eleven staff, including the cook and a member of the housekeeping team. We looked at documentation relating to people who used the service and staff, as well as the management of the home. This included reviewing four people's care records, staff rotas, training records, staff recruitment and support files, medication records, audits, policies and procedures.

Requires improvement

Is the service safe?

Our findings

People we spoke with felt the home was a safe place to live and work, and our observations confirmed this. They told us they did not feel bullied or abused living at the home. One person who used the service told us, "It feels right living here."

We saw the premises were secure, with key pads and electronic fobs used to access certain areas of the home. We saw staff, and people who used the service had fobs that gave them access to areas of the home that were applicable to them. This meant that people living at the home could maintain their independence while security and privacy was maintained.

Care and support was delivered in a way that promoted people's safety and welfare. The care records we looked at showed plans were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them. Staff demonstrated a good understanding of people's needs and how to keep them safe. They described how they encouraged people to be as independent as they were able to be, while monitoring their safety.

Records showed the majority of staff had received training in Non-Abusive Psychological and Physical Intervention (NAPPI). NAPPI is a method used when working with people whose behaviour can be challenging. Staff we spoke with confirmed they had received NAPPI training or were to attend the training shortly. They told us they rarely used any physical interventions, but used distraction or redirection techniques to manage any behaviour that may challenge others.

We found staff had access to policies and procedures about keeping people safe from abuse and reporting any incidents appropriately. The registered manager was aware of the local authority's safeguarding adult procedures which helped to make sure incidents were reported appropriately. Evidence showed safeguarding concerns had been reported to the local authority safeguarding team and the Care Quality Commission (CQC) in a timely manner. We saw a log of these incidents, and the outcomes, had been maintained.

The staff we spoke with demonstrated a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns of this kind. We found staff had received training in this subject as part of their induction and at periodic intervals after that. There was also a whistleblowing policy which told staff how they could raise concerns outside the company if they felt their concerns were not being addressed. Staff we spoke with were aware of the policy and their role in reporting concerns.

We looked at the number of staff on duty on the days of our visits and checked the staff rotas to confirm the number was correct. We saw staff were able to meet people's needs in a timely way and support them to go out into the community or take part in planned activities. Some people who used the service were funded for one to one support. Records and staff comments showed there was enough staff employed to facilitate this, plus extra staff was made available as and when needed. For example, staff told us that every Tuesday and Thursday additional staff were made available to support people to take part in 'splash' an activity in the home's pool.

People we spoke with said they felt there was enough staff available to meet their needs. Two people said there was "A good ratio of staff" and another person told us they were, "Happy with the level of staff support." A relative told us there was always staff about when they visited. However, other people said there were times when they had not been able to receive their one to one support when planned due to staff shortages. One person said "There is enough staff most of the time, but not always, particularly on weekends."

Most of the staff we spoke with commented positively about the number of staff on duty. One care worker told us, "We are spoiled with the staffing. For example there are two staff for four clients as the minimum." Another care worker said, "I love it. There is enough staff so we can do things with people and spend more time with them [people who used the service]." A third person commented, "It's a really good staffing ratio." However, on one unit we saw "Not enough staff for 1 to 1" had been written on several day sheets, staff said these issues have been raised with management. The registered manager told us on these occasions members of the management team, who were trained to deliver care, were sometimes used to fill in such gaps. This was confirmed by the staff we spoke with.

We found there was satisfactory recruitment and selection policies and procedures were in place. We sampled the files of three recently recruited staff to see how these had

Requires improvement

Is the service safe?

been implemented. We found files contained all the essential pre-employment checks required. This included two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We saw each file had a checklist which we were told was used to ensure all essential checks were completed and important information was provided. However, in one file there was no photo ID of the person and none of the files we checked had letters offering or accepting the post applied for. The manager responsible for recruitment said they would follow up on this straight away.

We spoke with two recently recruited staff who described their recruitment, this reflected the company policy. They told us they had not been allowed to start work until all the essential checks required had been completed.

The service had a medication policy outlining the safe storage and handling of medicines and the nurse we spoke with was aware of its content. We saw there was a system in place to record all medicines going in and out of the home. This included a safe way of disposing of medication refused or no longer needed. People told us they were happy with how staff administered their medicines. One person said, “It is given like clockwork.” Another person commented, “Staff know what they are doing.”

We observed one of the nurses administering the lunchtime medicines. We saw they followed good practice guidance and recorded medicines after they had been given. The majority of the ten medication administration records [MAR] we sampled were completed correctly.

We found covert medicines were sometimes given; this is when essential medicines are concealed in food or drink to ensure they are taken. The registered manager described how a meeting would take place which included the person’s doctor and key people involved in their care. It would be considered what was in the person’s best interest and decisions made recorded, and a care plan and risk assessment put in place to inform and guide staff. However, we found there was no record of decision making for one person who was having their medicine crushed due to swallowing difficulties. We checked their care records and found this was a historical decision which had not been fully documented in line with current legislation. On the second day of our inspection we saw a letter of confirmation had been obtained from the GP and records had been updated to reflect decisions made around the administration of their medicines.

There was an audit system in place to make sure staff had followed the home’s medication procedure. We saw regular checks had been carried out by the management team to make sure that medicines were given and recorded correctly. Where action was required these had been identified and addressed. However, we found the nurse booking in the latest delivery of medicines had not always carried the remaining stock over onto the new MAR. We also noted handwritten additions to the MAR had not always been signed by two staff members. This is good practice as it minimises the risk of errors being made. We discussed this with the registered manager who said they would address the issue with the staff responsible for the shortfalls.

We saw regular checks had also been carried out on controlled drugs, these are drugs which are liable to abuse and misuse and are controlled by misuse of drugs legislation. This ensured they were stored and administered correctly. We checked the stock and records for three people prescribed controlled drugs and found them to be correct.

Staff told us how people using the service were supported if they wanted to vote at elections. We saw the arrangements for this were included in the information pack provided to people when they moved into the home.

Good

Is the service effective?

Our findings

The people we spoke with commented positively about the care and support they received. We observed that people were cared for by staff who were supportive, enabling and efficient at their job. We saw staff listened to what people wanted and took time to make sure their preferences were met. One person using the service said, "Staff are good and knowledgeable." A visitor told us, "Staff are friendly and know what they are doing."

People using the service told us their health needs were met and said they were supported by staff to attend medical appointments. Records we checked confirmed people had been supported to maintain good health and had access to healthcare services. Care records indicated they had accessed outside agencies and health care professionals when needed. This included in-house physiotherapy and hydrotherapy, opticians, dieticians, dentists, chiropodists, GPs and social workers. People's weight and wellbeing had also been monitored regularly. Staff described how important information was communicated effectively between shifts by verbal handovers and computer records.

Training records, and staff comments, demonstrated staff had the right skills, knowledge and experience to meet people's needs. Staff we spoke with confirmed they had undertaken a three day structured induction that had included completing the company's mandatory training. They said this had included health and safety, food hygiene, safeguarding people from abuse, the Mental Capacity Act and infection control.

Two recently recruited care workers confirmed they had completed the three day induction training as well as shadowing an experienced staff member. They said they felt this had prepared them well for carrying out their job.

Staff told us after their induction they had to update their training regularly. We saw some staff had received additional training in respect of their job role, such as how to manage challenging behaviour in the least restrictive way, feeding people through a tube in their stomach, often known as P.E.G. feeding, and dementia awareness. We also saw staff were encouraged to undertake a nationally recognised award in care.

Training records did not evidence that all staff had received update training in line with company expectations, but we saw further training was planned, and staff confirmed they had booked places on these sessions. All the staff we spoke with said they felt they had received satisfactory training and support for their job roles. However, two care workers we spoke with said they were working with people with a specific medical condition, but had not received training in this subject. The registered manager told us they had been in touch with a specialist in the subject and training was being arranged for the near future.

We found staff support sessions had taken place and the majority of staff had received an annual appraisal of their work performance. The registered manager told us these support meetings had 'fallen behind in bit' but there was now a system in place to make sure support was provided in line with company policy. We saw a computerised matrix was being used to monitor when each staff member was due a support session or appraisal. Staff commented positively about the support they had received. One care worker told us, "They [support sessions] are every couple of months. I find them very supportive; we get feedback and time to discuss any problems we might have." Another care worker confirmed this adding, "Plus you can ask for an extra session if you need one."

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who might not be able to make informed decisions on their own and protect their rights. The Deprivation of Liberty Safeguards (DoLS) is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom. We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures on these subjects were in place and guidance had been followed. All the staff we spoke with were clear that when people had the mental capacity to make their own decisions this would be respected.

At the time of our inspection there were 13 people living at the home who were subject to a DoLS authorisation with further applications pending. Records demonstrated the correct process had been followed and appropriate documentation was in place. We saw all documentation was up to date and review dates were specified. The registered manager and the member of the compliance

Good

Is the service effective?

team responsible for monitoring DoLS authorisations demonstrated a satisfactory understanding of the legal requirements. Care staff we spoke with had a general awareness of the Mental Capacity Act 2005. Most staff told us they had received training in this subject to help them understand how to protect people's rights and the registered manager said more training was planned.

The cook and the care staff we spoke with demonstrated a good knowledge of people's different meal choices and specific requirements. The majority of people took meals in the kitchen/diner on their unit or in their rooms. The day's meal choices were displayed in picture format along with the alternative meals that were available every day. Menus sampled showed that people had access to a choice of suitable and nutritious food and drink. We saw portion sizes were satisfactory and people told us they enjoyed the meals provided.

We saw a number of people required a special diet, for example some people had their food pureed. Two people we spoke with said they still had a choice of food even though their meal had to be pureed. A third person required a special diet due to their religion, which they said the home catered for appropriately. Another person described how they shopped for their own food and prepared it in the kitchen on the unit.

Care records contained detailed information about people who were prone to choking or needed their food prepared in a particular way. All the staff we spoke with were aware of people's special dietary needs.

Good

Is the service caring?

Our findings

Our observations, and people's comments, indicated that staff respected people's decisions and confirmed they had been involved in planning their care and support. People using the service were complimentary about how staff delivered their care. One person told us how they "Have a laugh" with their care worker. Other people told us staff "Listen to them", "Are wonderful" and "Listen and act" on what people say."

People told us they felt their quality of life was good living at the home. They described how staff respected their choices and maintained their dignity while encouraging them to be as independent as possible. One person told us how they decided when to get up and then staff would assist them to get dressed. Another person said, "I get on well with staff."

We saw staff supporting people in a caring and responsive manner while assisting them to go about their daily lives and take part in social activities and outings. Throughout the inspection we observed lots of caring interactions, with staff treating each person as an individual. We saw that people were always asked what they wanted to do, giving them control over what and how things were done.

People's needs and preferences were detailed in their care plans. The staff we spoke with demonstrated a very good knowledge of the people they supported, their care needs, their likes and dislikes. Our observations confirmed staff knew the people they were supporting well and met their individual needs and preferences. Throughout our inspection we saw staff interacting positively with people who used the service and their visitors. They gave each person appropriate care and respect while taking into account their wishes.

People were given choice about where and how they spent their time. We saw staff encouraged them to be involved in activities and make informed decisions. They enabled them to be as independent as possible while providing support and assistance where required.

Staff we spoke with gave clear examples of how they would preserve people's privacy and dignity. One care worker explained how they would assist someone to their room then leave the room, but would stay close by so they could hear them if they needed help. Staff also spoke of closing curtains when providing personal care. We saw each person's bedroom had the door closed when personal care was being provided and staff respected people's private space.

We found the environment was designed to enable people to maintain their independence. This included easily accessing different parts of the home and using adapted kitchens to cook and prepare drinks.

We saw people were given information about how to contact an independent advocacy agency should they need additional support. Advocates can represent the views of people who are unable to express their wishes.

Good

Is the service responsive?

Our findings

The people we spoke with all said they were happy with the care provided and praised the staff for the way they supported them. We saw people received care that was tailored to their individual needs and preferences.

Care records were held electronically on a care planning system. We saw each person had a care file which detailed the care and support they required and daily records of how they had spent their day and the support provided. Each member of staff had their own access to the system, which was password protected. We saw computers were available in key places throughout the home so staff could update records promptly.

The records we checked showed needs assessments had been carried out before the person had moved into the home. We also saw records were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them. However, we noted some risk assessments in place did not identify a specific problem. For example, in one file we found there was a risk assessment regarding communication, but the person did not have any risks associated with their communication. We spoke with the registered manager about this and they indicated staff may have automatically filled the assessment in because it was in the computerised records, even though there was no risk. This meant staff were spending time evaluating information that was not required, and records contained information that was not useful to support the person using the service.

Care plans provided detailed information about how staff should support the person. For example, one plan detailed how the person communicated using their eyes, eye lids and facial expressions. Another plan was very descriptive about what could trigger behaviours that may challenge in the person and how staff could minimise and manage this.

Detailed daily records had been completed for each person outlining how they had spent their day, care provided and any changes in their condition. We found care plans and risk assessments had been evaluated to assess if they were effective in meeting people's needs. We also saw care reviews had taken place periodically which involved the person using the service, family members and key staff and professionals involved in their care.

People were involved in a wide choice of activities that were tailored to their preferences and needs, which included days out, film afternoons, baking, and arts and crafts. We saw a pool table and games were also available in the home. Records, and people's comments, demonstrated they had taken part in a variety of social activities, as well as day to day tasks. During our visit we saw people going out into the community supported by staff who described how they enabled people to go shopping or for walks in the park. We also saw arrangements had been made for one person living with dementia to act out their former job. A decorative panel with various switches, gate bolts and hinges had been attached to the wall in a communal area so the person could still manipulate hardware without damaging the home's plumbing. Two people told us they liked to watch Sky television in their rooms or play computer games. They said they preferred this to going out and it was their choice.

We also saw people involved in preparing for a planned 60's themed event which included making and painting banners. People had access to a hairdresser, physiotherapy, a gym, a sensory room and a hydrotherapy pool. One person told us how the physiotherapy and hydrotherapy was improving their upper body strength, which in turn was giving them more control when transferring to and from their wheelchair. They said this was an evolving programme that was centred on their needs. They also said they had been swimming that day unaided, which was the first time they had been able to do so. We saw staff were also developing individual sensory programmes for each person; this included their choice in music and projected pictures, to stimulate or calm them.

The provider had a complaints procedure which was given to each person when they moved into the home as part of the welcome pack. We saw there was a pictorial version of the complaints procedure also available. However, the complaints procedure was not displayed in the reception area so that visitors to the home had easy access to information about how they could raise concerns. The registered manager told us they would ensure the procedure was made more readily available to visitors.

We saw a system was in place to record any complaints received and the outcomes. The registered manager told us

Good

Is the service responsive?

no complaints had been received from people using the service since our last inspection of the service. However, we saw concerns raised by staff had been appropriately recorded, investigated and resolved.

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission.

People's comments, and our observations, indicated they were happy with the care and support provided. They told us they felt they could speak to the registered manager or their deputy and they would be listened to. People we spoke with felt the service delivered good quality of care and the facilities provided met their needs.

We saw surveys had been used to gain people's views. We saw surveys had been carried out with people using the service, relatives and visiting professionals either in paper format or using an iPad. The registered manager said people were also consulted informally on a regular basis and at care reviews, to make sure they were happy with the service provided. The survey carried out in June 2015 focused on the food provision. The questionnaires we samples contained positive responses. The registered manager told us returned questionnaires were checked and changes made as necessary. However, they could not evidence that the information had been summarised and shared with people. The registered manager gave examples of how action had been taken in response to people's feedback and said they would make sure the outcome of future surveys were summarised and shared.

People also told us 'residents meetings' took place regularly, although some people said they chose not to attend these.

When we asked people using the service if there was anything the home did particularly well they commented, "They do everything well," "Good physio," and "They look after people." No-one could think of anything the home could do better.

The provider gained staff feedback through staff meetings and supervision sessions. Staff told us they felt they could voice their opinion to any of the management team and felt they were listened to. They said the registered manager and provider were very approachable and involved in the day to day running of the home. One care worker described how the provider had consulted staff about the use of cameras in corridors to improve security at the home.

We found there was a good atmosphere present throughout our inspection. Staff knew about people's routines and preferences without being told, which gave them control over how they supported people. They told us there was an open culture at the home so they were able to discuss and share their opinions freely. When we asked staff what was the best thing about working at the home one care worker told us, "Everything is focussed on the clients. We don't have to rush them here; we have time to talk to people." Another staff member told us, "It's homely and the management listen to our ideas and deal with any problems." None of the staff we spoke with could think of anything they would like to improve.

Throughout our visit we saw the registered manager was involved in the day to day operation of the home and took time to speak to people using the service, visitors and staff. They knew people by name and were aware of what was happening within the home.

We saw internal audits had been used to make sure policies and procedures were being followed. This included health and safety, kitchen and medication checks. This enabled the registered manager to monitor how the service was operating and staffs' performance. When shortfalls had been found we saw evidence that action had been taken. However, action plans had not been put in place outlining what areas needed attention and recording who needed to address the issue and the timescale for completion. The registered manager told us they would ensure an action plan was added to the audit system as soon as possible.

Policies and procedures were in place to inform people using the service and provide guidance to staff. We saw these had been reviewed and updated as needed.

Rotherham council told us the home had been awarded an 'excellent' rating following their recent Home from Home assessment. We saw an action plan issued by the council highlighted five areas where improvements could be made. These included, staff using the correct codes when completing medication records, having 'dementia champions' , surveying people about their satisfaction with the meals provided and ensuring all staff received an annual appraisal of their work. We saw the registered manager had either addressed these issues or was working towards meeting them.

We also saw the service had been awarded a five star rating by the Environmental Health Officer for the systems and equipment in place in the kitchen. This is the highest rating achievable.