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# Ashmeadows

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 7 November 2018 and continued on 12 November 2018. We previously inspected Ashmeadows in January 2018 and rated it overall as requires improvement. There were no breaches of regulation found.

Ashmeadows Care Home provides residential care for up to 17 people. At the time of our inspection, 15 people were living at Ashmeadows. Ashmeadows is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of our inspection, Ashmeadows did not have a registered manager in post. A home manager started working at the home in August 2018 and they had started their application to become registered. Following our inspection, we were able to confirm the application process had completed and they had become registered with the Care Quality Commission.

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.

Individual risks to people were not consistently well managed. Certificates relating to gas, electricity and lifting equipment showed maintenance had been regularly carried out. However, the home manager who was checking hot water temperatures had not tested this in people's own rooms.

Quality assurance audits had identified care plans needed refreshing which the home manager had started. People, relatives and staff were involved in this process. New care plans were found to be easier to use and contained better detail. We found some gaps in other care plans we reviewed. End of life care records required improvement.

The registered provider had a dependency tool, although this was not being used to calculate staffing levels. People told us staff responded to them quickly. Regular agency staff were used as needed on night shifts and permanent night staff were being recruited.

Safe recruitment procedures were followed. The registered provider used a risk assessment and character reference to assess the level of risk in one case where they were unable to access a reference.

The administration and storage of medicines was safe. People received their medicines as prescribed and protocols for 'as required' medicines were in place. The home manager was in the process of completing medication competency checks for all staff.

People told us they felt safe and protected from harm. Staff received safeguarding training and knew how to report abuse. Weekly and monthly fire safety checks were carried out. Each person had an up-to-date evacuation plan for staff to follow.

The home was found to be clean and the lounge area had been refurbished with new carpet and had been redecorated.

Activities were being provided, although feedback we received indicated this could be better. The operations manager was looking to invite befriender volunteers to visit people in the home. The home manager said they wanted to have a singer visit monthly.

There were systems in place to ensure people and their relatives knew how to complain if they were dissatisfied. Complaint records provided evidence to show how these matters had been resolved.

People's equality, diversity and human rights were respected. People's religious needs were supported. Staff were seen to be caring and knew people's needs well. Staff were able to explain how they supported people to maintain their privacy and dignity.

Staff training completion rates were found to be high. Staff received supervision support and the home manager had scheduled staff appraisals for January 2019.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were complimentary about the food provided and we saw they were supported to access healthcare when they needed this.

The registered manager was carrying out regular audits which were effective in identifying concerns and making the necessary improvements. The operations manager visited the home on a weekly basis and they provided evidence of their oversight through quality assurance visits which were comprehensive.

Meetings were in place for people, relatives and staff. Recent satisfaction surveys for these groups had recently been carried out and action was taken to show how the registered provider responded. Staff gave mixed responses about the support they received from the management team.

We have made recommendations regarding use of the staff dependency tool and calculating daily fluid targets for people who need this monitoring.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

A dependency was in place, although this had not been used to calculate staffing hours needed.

Risks to people had not been consistently identified and assessed. Lessons were learned from events which did not go as planned.

People felt safe. Medicines and recruitment had been safely managed.

### Is the service effective?

**Good** ●

The service was effective.

People were supported to have maximum choice and control of their lives.

People were supported to access healthcare services.

Staff training showed high levels of completion. Supervision sessions had commenced under the home manager and appraisals were scheduled.

### Is the service caring?

**Good** ●

The service was caring.

Staff knew people's needs well and demonstrated positive interactions with people.

People's privacy and dignity was protected along with their equality, diversity and human rights.

### Is the service responsive?

**Requires Improvement** ●

The service was not consistently responsive.

Care plans were being reviewed to make them more reflective of people's needs. End of life care needs contained limited

recording.

Activities were provided, although feedback we received indicated this could be improved.

People knew how to complain and complaints we looked at were suitably managed.

**Is the service well-led?**

The service was not consistently well-led.

Staff gave mixed responses about the support they received from the management team.

Surveys and meetings had been held with people, relatives and staff to capture their views.

There was sufficient oversight of the home through senior management visits and home manager audits.

**Requires Improvement** 

# Ashmeadows

## 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.

This inspection took place on 7 and 12 November 2018. The first day of our inspection was unannounced and was carried out by two adult social care inspectors. The second day of the inspection was announced and was completed by one adult social care inspector.

We spoke with a total of four people and one relative to ask about their experience of Ashmeadows. We also spoke with the registered provider, operations manager and home manager, as well as six members of staff. We looked at two care plans in detail and a further three care plans for specific information.

Before our inspection, we reviewed all the information we held about the home. We contacted the local authority 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.

Before the inspection, the registered 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.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe living at Ashmeadows. One person told us, "I'm safe as houses here." Staff we spoke with had received safeguarding training, were able to identify signs of abuse and knew how to report any safeguarding concerns. One staff member said, "I'd report concerns straightaway to the manager. If [home manager] wasn't going to do anything, I'd report it to safeguarding and CQC (Care Quality Commission)."

We looked at how risks to people were assessed and found this was not consistently well managed.

Staff told us one person living in the home suffered with epilepsy. One staff member said, "He's having [seizures] more than he used to." We found there was no risk assessment or care plan for this condition. When asked if an accident or incident form had been completed for this, one staff member said, "No, we've never been told to before." Two staff members gave us different timescales for how long they would leave after a seizure started before phoning for an ambulance. We discussed this with the home manager who said they would arrange epilepsy training for staff and create a care plan for this person's condition.

We looked at one person's risk of choking and saw their care plan did not indicate how staff should use the prescribed thickener for this person, which had been mentioned on a hospital discharge note dated 2 November 2018. We discussed this with the home manager and they took immediate action to add the relevant details to the care records.

At the time of our inspection, the home manager was checking water temperatures, although we found these checks did not include people's rooms. The home manager was unsure about the safe range for the hot water supply which is 40 to 44 degrees Celsius. The home manager told us they would delegate this responsibility to a staff member responsible for maintenance.

On the first day of our inspection, one person had fallen after they had sat on the arm of a chair in their room. We saw an accident and incident form had been completed and a pendant had been given to this person to ensure they were able to alert staff in the event of an emergency. This and other evidence we saw meant steps had been taken to reduce levels of risk for this person.

We saw the fire risk assessment had last been completed in July 2017 and was due to be refreshed in July 2018. All actions from the last risk assessment had been completed. Following our inspection, the operations manager informed us they reviewed the fire risk assessment with West Yorkshire Fire Service in August 2018 as part of a discussion regarding possible changes to the roof space, although an updated copy of the fire risk assessment was not available. Other fire safety checks were regularly taking place. This included the checking of emergency lighting, fire doors, fire escapes and the fire alarm. Each person living in the home had a personal emergency evacuation plan which was up-to-date.

We found certificates relating to the safety of the electricity and gas supply were up-to-date as well as those for equipment used for lifting operations.

We looked at the systems in place to ensure there were sufficient numbers of suitably skilled staff to meet people's needs.

Two people we spoke with told us when they pressed the call bell for assistance, staff were quick to attend to their needs. We looked at the call bell response times over a two-day period in November 2018 and saw the majority of requests were responded to in under three minutes. One person said, "I don't get forgotten, they bring me drinks and staff come when I need them. I never have to wait long, once I press the buzzer." One relative told us, "They can be a bit short at weekends."

Staff told us they felt there was enough staff to meet people's needs, providing there was no staff sickness. One staff member told us, "It is normally three staff on (during the day), but occasionally it is two. We do normally manage." The home manager told us they usually had three members of care staff during the day, although they said it was safe to run the home with two staff members. However, whilst the home manager's dependency tool showed people's dependency levels, this information had not been used to calculate the number of staff support hours people needed. This meant the dependency tool was not effective and we could not be sure it was safe to run the home with two staff members. The home manager told us they would ensure the dependency tool was used to calculate the number of staff hours needed in future.

We asked the home manager about their key challenges and they responded, "I'd say it would have to be the staffing." They told us this had been difficult to manage due to the levels of staff sickness. The home regularly used night agency care staff. However, the home manager had three candidates ready to start work on night shifts pending the outcome of their DBS check. This meant the use of agency staff was expected to reduce.

One person in the home preferred to have a bath and they had asked for more baths in response to the satisfaction survey in October 2018. The home manager was present when this person told us they had not received a bath, and instead received showers over a five-week period covering October to November 2018. Staff told us they did not have the time to offer this person a bath as they needed two staff, and instead offered them a shower. A member of the inspection team and a member of staff looked for the bath and shower charts for this person and were unable to find these records.

We have made a recommendation that the registered provider ensures such preferences are factored in when they calculate the number of staff hours required to meet people's needs.

We looked at the recruitment process followed for three members of staff and saw this was safe. We saw evidence of completed applications forms, interview records, references and checks, including those made with the Disclosure and Barring Service (DBS). In one case, the home manager had received a reference from a last employer which they had been unable to open electronically. Instead, the registered provider used a risk assessment and details from a character reference to assess the risk of this staff member being unsuitable for their role. We saw the assessment showed this staff member was safe to work in the home.

We looked at the systems in place for the management of medicines and found this was safe.

People and their relatives told us their medicines were handled safely. One person told us, "The staff are fine with them (medicines). They give them to me on time. They never run out." A local pharmacist had provided feedback which said, 'Nothing more I can say about Ashmeadows, apart from they are doing a fantastic job'.

Clinical guidance from the National Institute for Health and Social Care Excellence (NICE) states tamper-proof sealed containers locked in storage cupboards should be used to store medicines for disposal.



Although the medicines room was locked, we saw returns had not been stored in this way. The home manager had identified this in their audits and action was being taken to ensure medicines for disposal were stored appropriately.

We observed staff administering medicines and saw they were patient and ensured people had the time they needed to take all their medicines. Once they had taken their medicines, staff correctly recorded the administration on a medication administration record (MAR). MARs included useful information about each person, including whether they had any allergies and the name of their GP.

There were processes in place to protect people when 'as required' medicines, known as 'PRN' were administered. There were clear protocols in place for staff to follow before they administered PRN medicines. Where people were prescribed creams to be applied, charts were used to ensure staff applied these in the correct place.

Medicines were stored securely in lockable trolleys and in a refrigerator within a locked room. The temperature of storage areas and refrigerators was monitored daily and records showed they were within acceptable limits. This ensured medicines remained effective. Monthly audits and regular observations were carried out by members of the management team to ensure medicines were being managed safely.

Since commencing their role, the home manager had completed most of the staff medication competency assessments to ensure these were up-to-date.

An infection control audit carried out by the local authority in September 2018 resulted in Ashmeadows scoring 92%. During our inspection, we found the premises were clean and free from odours. Staff told us they always had a sufficient supply of personal protective equipment.

We saw opportunities were taken to learn lessons when things did not go as planned. Evidence of this was seen through the system of audits and complaints we looked at.

# Is the service effective?

## Our findings

Needs assessments were completed before people moved into the home. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed.

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

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

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

We looked at records of mental capacity assessments and saw an updated format in the new style care plan contained a single assessment of capacity. We discussed this with the home manager as the original version of the MCA assessment which most people still had was more decision specific. They said they would incorporate further detail around the person's capacity and assistance they needed with decision making in each person's mental capacity assessment.

Staff we spoke with had a good understanding of how the MCA (2005) and DoLS applied to their role. One staff member told us, "You should never assume someone doesn't have capacity." We saw people were routinely offered choice during our inspection. One relative told us, "[Family member] gets asked if they want to join in with the church service when they come. Sometimes they do and sometimes they don't, but it's their choice each time." Staff were able to confidently describe appropriate action they would take if people refused care.

We looked at the support staff received to be able to carry out their roles effectively. One person told us, "They (staff) all know what they are doing. They know all about me, yes."

The training matrix showed staff were mostly up-to-date with their training needs. The home manager had shown initiative in obtaining distance learning through free funding. They had consulted with staff about which subjects they wanted to do and where additional training was needed. Staff were familiar with this initiative when we spoke with them. As a result, staff were to enrol on end of life care and dementia care in mid-November 2018. Around the same time, staff were scheduled to undertake catheter and stoma care training.

One staff member we spoke with about supervision said, "We have those regularly. I'm always able to expression my opinion and share how I feel." We saw the recording of each supervision was very similar which the operations manager told us they expected to see become individualised as the home manager became more familiar with staff. The home manager was already aware that appraisals were due and they had scheduled these for the beginning of 2019 to allow them to gain more experience of working with staff to make these effective meetings.

We found people were receiving access to healthcare as needed. People and relatives confirmed this happened and we also saw care records supported this, with one exception which we discussed with the management team. We saw GPs, podiatrists and other health professionals visited the home. Ashmeadows is a 'Red Bag' home which helps to ensure the right information is sent with a person when they need to go to hospital. This meant people could have a better experience through improved information sharing.

We looked at how people were supported to maintain good nutrition and hydration and saw people's needs were being met.

One person said, "I've not lost any weight. I can have a cooked breakfast if I want, but usually just have [cereal]." Another person told us, "I can tell you it's good quality food here." One relative commented, "The cook here is epic. [Relative] eats well here and the homemade cakes are lovely." People commented positively about food and drink in their satisfaction survey dated October 2018.

We saw some people needed to have their daily fluid intake monitored. In the absence of guidance, staff did not know whether people were having enough to drink. We have recommended the home introduces daily fluid targets for people based on clinical guidance from the National Institute for Health and Social Care Excellence (NICE) which states adults should have a daily intake of 30 to 35mls of fluid per kilogramme of body weight. We saw drinks were available to people during mealtimes and throughout the day. There was a supply of ice lollies to promote fluids.

Meals were freshly prepared and there was a number of different home baked cakes available so people could have a snack if they wished. Fresh fruit was available in the home. At lunchtime, food was presented in an appetising way. People were able to choose who they sat with, or could eat in their room if they preferred. Staff were present in the dining room throughout the meal, supporting people as required and promoting a social experience in the dining room.

The records kept in the kitchen area ensured sufficient information on people's dietary needs and allergies was available to kitchen staff.

The registered provider's PIR dated March 2018 stated, 'New carpets and decorating is also going to be completed within the next 6 months'. We found this work had been completed at the time of our inspection and people were complimentary about the refurbishment at a meeting in September 2018. One relative we spoke with described this as, "A great improvement."

There was evidence of use of technology in the home, such as the call bell system, Wi-fi connection, air flow mattresses and the use of sensor mats where people needed these. At the time of our inspection, two people were using specialist beakers to help them drink independently.

We saw the Kings Fund assessment tool had been completed in October 2018 to identify how dementia friendly the home was. The operations manager told us this tool was being trialled and findings from this assessment would go back to the provider's home manager's meeting to make decisions about any action

needed.

## Is the service caring?

### Our findings

People spoke positively about the care they received from staff. Their comments included, "I'm quite satisfied with it here. I'm well looked after", "They look after me well, do the girls (staff)", "I'm as happy as a dickie bird here" and "Staff are all lovely and they can't do enough for you. They've made sure I have a lovely room as I spend time in it."

One person said they were looking forward to the festive season. They told us, "Christmas will be good here. Last year all the staff brought in gifts and put them in a sack for us all. It was very kind." The same person said staff would bring them a sherry whenever they wanted one.

One relative we spoke with was happy with the support they received from staff when they were taking their relative on a trip. They said, "Staff knew [relative] and I were going out last weekend, and [relative] was up and ready in the dining room for me by 9:30am when I arrived."

One staff member said, "It's just so friendly, it's such a warm atmosphere. Staff, residents and family, we have really good relationships with them. It is a nice home, we have outsiders saying that."

As the home had a number of staff who had worked at Ashmeadows for several years, we could see they knew the people, their interests and their care preferences. Staff we spoke with were passionate about their work. One staff member told us, "I do love my job and I do love the residents." We saw staff were attentive to people's needs and they took time to listen to them. When one person became quite loud, staff were firm, but kind with this person and they worked at eye level to help calm this person.

A staff member made us aware of one person who regularly declined care. Staff had encouraged and supported this person to receive more personal care and had been successful. As a result, this person was accessing the local community and a staff member told us, "[Name of person] is a hundred times better since [name] came in (to Ashmeadows)."

We asked people and their relatives whether they had been involved in their care planning. One person told us, "We went through some papers together about what I wanted." One relative confirmed they had been involved in the new care plans which the home manager and staff were developing.

People were satisfied that staff respected their privacy and dignity. One person told us, "Staff show their respect, they are nice people." We asked staff about the action they took to maintain people's privacy and dignity. One staff member, who gave an example said, "If someone's wet in the lounge, you don't shout out about it." Staff also described steps they took whilst providing personal care to ensure people were covered (where possible) and knocking on people's doors before entering their bedrooms.

Through talking to staff and the management team, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. For example, we saw care plans were used to record where people held religious beliefs. A religious leader was

visiting the home to support people to practice their religion. The minutes for the July 2018 'resident' meeting stated 'reminded [people] that every month the church has an activity day and we would continue to offer to take our service users if they wanted to'. Although no one was accessing this at the time of our inspection, people had been given this opportunity. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

## Is the service responsive?

### Our findings

Care plans were reviewed regularly, and any changes in a person's needs were noted in the review section, rather than updating the care plan. This meant that a staff member reading only the care plan and not all of the reviews might provide support in a way that was no longer best for the person. Since arriving in August 2018, the home manager had identified care plans needed to be revised and updated. At the time of our inspection, three care plans in a new style had been completed and we found these were mostly an improvement on the older version.

We looked at the care records for one person who had a medicine changed at the beginning of November 2018. A discharge note advised that staff should be monitoring this person's bowel movements to ensure the change was effective. On day one of our inspection, we saw this was not happening and discussed this with the home manager. On day two of our inspection, we saw staff had been formally recording this detail following our feedback.

The mental state and cognition care plan for one person stated they could become aggressive and distressed. There was no specific information to help staff identify triggers and how to manage these incidents. However, the challenging behaviour record for the same person showed good recording across shifts. This showed how information regarding this behaviour had been communicated effectively between staff.

At the time of our inspection, we saw limited evidence of end of life care planning. However, the home manager had taken steps to provide staff with end of life care training. The rewriting of care plans described by the home manager was to include end of life care plans.

People were being encouraged to sit with staff and give input to their care plans which contained details of people's life history and interests, as well as guidance for staff regarding how they wanted their care and support provided. Where people required support around personal issues, this information was written in their care plans sensitively and respectfully. It was evident that staff had an understanding of people's care needs and how they had changed over time. The operations manager's quality assurance report dated October 2018, stated the home manager had designed a review sheet for families as part of their involvement in care planning. They wanted this to be introduced by December 2018.

We looked at the activities provided to help people avoid social stimulation. One person told us Ashmeadows was nice, but also said, "It's a bit boring." A relative said they felt there could be more activities including those to encourage movement. The home did not have a dedicated activities coordinator which meant care staff provided this support. We saw staff playing connect four with one person and then looking through a reminiscence book. Other people were encouraged to join in this conversation. We looked at daily activity records for three people and saw evidence of activities including bingo, pumpkin carving, a Halloween party, catch and throw, sing along and dominoes. The home manager told us people had helped to decorate baking. We saw the home arranged for external singers to visit. The home manager told us, "My aim is to get once a month a live entertainer in." The operations manager's quality assurance reported

dated October 2018 noted they wanted to have volunteer befrienders visiting the home.

We looked at how the registered provider enabled people to complain and saw this was well managed. One person said, "If I was worried about anything, I'd tell [home manager] and I'm sure they would sort it out for me."

The complaints procedure was on display in the home in places where people and their visitors were able to access this. This was available in a pictorial form to provide helpful images explaining the process. The 'service user' guide also explained how to make a complaint and signposted people to the Ombudsman and the Care Quality Commission. We looked at records of complaints and found these had been appropriately managed. Complaints were investigated and responded to and this was done within the identified timescales.

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. We saw the home had an accessible complaints policy on display. The home manager said they would look at flash cards, picture cards and employing staff with relevant language skills for people moving into the home whose first language is not English.



## Is the service well-led?

### Our findings

At the time of our inspection, Ashmeadows did not have a manager registered with the Care Quality Commission. However, a new home manager had been appointed in August 2018 and following our inspection, the registration process had completed and they were confirmed as the registered manager for this home.

On day one of our inspection we found staff had not alerted the home manager when a person had fallen and gone to hospital. This aspect of communication required improvement.

Staff we spoke with provided mixed feedback about support from the management team. Two members of care staff had resigned from their positions between days one and two of our inspection. One staff member said, "The morale is just so low at the moment. We've got that many staff leaving." Staff vacancies on night shifts meant day care staff had been told they may be needed to cover night shifts. This meant it was harder for the registered provider to plan rotas as far ahead as staff were used to. Some staff felt told us they felt they could receive more recognition for their hard work. When asked whether the wellbeing of staff was considered by the registered provider, one staff member said, "Yes and no."

One relative told us, "[Home manager] is making the home better." We asked staff about the home manager. Comments included, "She's okay. I wish she'd get to know us a little bit more. I think she could spend more time downstairs to get to know the residents better", "The new manager is okay, you can tell her what you think" and "[Home manager] is getting a lot of things in place which are making things better."

The home manager told us the operations manager visited the home at least once a week and staff confirmed this. We looked at the provider's oversight and saw the operations manager completed regular reports on Ashmeadows for the registered provider. We saw these reports considered a wide range of issues affecting the home and set clear actions. Most issues we found during this inspection had been identified through these reports.

The home manager carried out audits which covered, for example, health and safety, maintenance, infection control, medication, monthly weights, first impressions and care plans. Care plan audits showed where gaps had been identified and set in place action plans to remedy these areas. Infection control was shown to have scored highly and action was taken where a mattress needed to be replaced. The home manager completed a 'key performance indicator' report dated October 2018. This looked at accident and incidents trends and action taken, pressure care, starters and leavers and staff supervision. We found the oversight of weights required improvement. Whilst weights were recorded on malnutrition universal screening tool (MUST) records, the home manager's oversight did not show how, over a period of time, people had gained, maintained or lost weight. The home manager told us they would record these changes moving forward.

At the time of our inspection, people were being consulted over new menus which were set to roll out over the coming weeks. Kitchen staff had been asked by the home manager to monitor food wastage so they

could measure how well the changes had been implemented.

At our last inspection we found there was limited documented evidence that people's views were sought. At this inspection we saw the registered provider had asked people and their representatives to complete satisfaction surveys in October 2018. The registered provider had analysed the responses, and we saw they had displayed in the home what people said and how they had responded in pictorial form. For example, the feedback showed, 'You said: laundry to be more efficient on returning items of clothing in a timely manner'. 'We did: all laundry is now taken to each residents' bedrooms every morning by the day care staff. This is checked for stains and it has been ironed correctly before doing so'. A staff satisfaction survey also showed action had been taken in response to feedback which meant this was an effective system.

A staff meeting had been held by the home manager September 2018. They provided updates about updating care plans, infection control and completing care booklets.

In September 2018, the home manager held a 'resident' meeting where they introduced themselves to people and relatives. People were invited to approach the home manager who made reference to having an 'open door' approach. The home manager told people they carried out a daily walkaround and we saw this happened. They also made people aware of an upcoming Halloween party.

At the July 2018 residents meeting, people had been informed that volunteers would be visiting to tidy up the garden area. The home manager and operations manager explained an old shed had been taken down and they expected a gazebo to be erected in the garden imminently, where people, for example, could have a smoke under cover. They also wanted to have a vegetable patch so people could start growing their own vegetables. Other links with the local community had been made with a local nursery and the home manager wanted to encourage schools to visit the home.

The operations manager held meetings with all their home managers on a regular basis to share key information.

We saw staff making notes in care records during our inspection. The care plans were stored in locked cupboards so they could only be accessed by those individuals who needed them. This protected people's personal details.