Amphion View Limited

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Inspection report

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Tel: 01302595959

Date of inspection visit:
31 July 2018

Date of publication:
06 September 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 31 July 2018 and was unannounced. This means no-one connected to the home knew we were visiting that day. The home was previously inspected in August 2017 when we found the system used to monitor how the home operated was not always effective in highlighting areas needing attention. We judged the overall rating of the service to be 'Requires Improvement'. We asked the registered provider to submit an action plan outlining how they were going to address the shortfalls we found, which they did.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Amphion View' on our website at www.cqc.org.uk'

At this inspection we found improvements had been made and the breach of Regulation found at the last inspection had been addressed. A more robust auditing system had been implemented, which meant areas needing improvement had been identified and actioned in a timelier manner. We also found care plans and risk assessments provided better information.

Amphion View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is located close to the centre of Doncaster, with easy access to local transport, shops and other community facilities. It offers en-suite accommodation for up to 35 people who have needs associated with those of older people, including people living with dementia. There were 30 people living at the home at the time of the inspection.

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 '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.

Care and support was planned and delivered in a way that ensured people were safe. People were protected, as any risks associated with their care were identified and appropriately managed. Systems were also in place to safeguard people from abuse.

The process for recruiting new staff continued to be robust, thereby ensuring staff were suitable to carry out their roles and responsibilities in a safe manner. Staff were trained and supported to develop their skills and provide people with the standard of care they required, but some training needed updating.

There was enough staff employed to meet the needs of the people living at the home at the time of our inspection.

Medication was managed safely and administered by staff who had completed appropriate training.

Infection control policies and procedures were in place, with issues identified and many actioned. However, where it involved replacing equipment or upgrading areas this was part of the registered providers environmental action plan.

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 received a varied and healthy diet that offered choice. However, we noted the dining experience some people received could have been better.

Staff supported people in a compassionate, caring, responsive and friendly manner. They encouraged them to be as independent as possible, while taking into consideration their abilities and any risks associated with their care. All the people we spoke with made positive comments about how staff delivered care and said they were happy with the way the home was managed.

People's needs had been assessed and care plans put in place to highlight these needs and tell staff how care should be delivered. Care plans had been reviewed periodically to make sure plans reflected people's changing needs.

There was a range of activities and events people were supported to take part in.

There were systems in place to continuously assess and monitor the quality of the service. This included obtaining people's views and checking staff were following the correct procedures. The premises and furnishings needed some attention, but these had been identified during audits and action plans put in place to address them.

Further information is in the detailed findings below.

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.

Effective systems were in place to reduce the risk of abuse. Improvements had been made in the recording and monitoring of potential risks to individual people.

Recruitment processes were robust and there was enough staff employed to meet people's needs.

Medication was managed safely and administered by staff who had completed appropriate training.

The service was clean and infection control monitored well, but in some areas the condition of the general environment needed attention.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had access to a structured induction and a programme of on-going training and support, but some staff's training needed updating.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) legislation were being met.

Suitable arrangements were in place to ensure people received good nutrition and hydration. However, the dining room experience could be improved.

Some areas of the home needed attention, to ensure they met expected standards.

Is the service caring?

Good

The service was caring.

People were treated with compassion, kindness and understanding by staff who were caring and considerate.

People's dignity and privacy was respected by staff.

Staff had a good knowledge of people's needs and preferences. They knew the best way to support them, whilst maintaining their independence and respecting their choices.

Is the service responsive?

Good

The service was responsive.

Improvements had been made in the care planning process. Information was easily accessed and care plans clearly told staff how to meet people's needs and preferences.

People had access to a social activities programme which provided variety and stimulation.

People were aware of how to make a complaint and were confident any concerns would be taken seriously and addressed promptly.

Is the service well-led?

Good

The service was well led.

An effective management team helped to make sure the home ran smoothly.

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

Systems to assess how the home was operating had identified areas for improvement, so it was clear which areas needed attention.

People were asked their opinion about their satisfaction with how the home operated.

Amphion View Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered 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 unannounced comprehensive inspection took place on 31 July 2018. Unannounced means no one connected to the home knew we were visiting that day. The inspection was carried out by two adult social care 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.

We considered all the information we held about the service to help us to plan and identify areas to focus on during the inspection. We asked the registered provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the registered provider to give some key information about the service, what the service does well and any improvements they plan to make. We also contacted commissioners and Healthwatch, to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we looked round the premises and spoke with five people who used the service and five people who were either a relative or a friend of people living at the home. We also spoke with the registered manager, assistant manager, quality assurance officer, cook, laundry worker and four care workers.

Due to the layout of the building it was difficult to use the Short Observation Framework for Inspection [SOFI]. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. Therefore, we spent time generally observing how people spent their day and how staff interacted with them.

We looked at the care records belonging to five people who used the service, as well as records relating to the management of the home. This included minutes of meetings, medication records, three staff

recruitment files and training records. We also reviewed quality and monitoring checks used to make sure staff were following company polices and the home was operating as planned.

Good

Is the service safe?

Our findings

At our last inspection in August 2017 there was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to some care records. We found that although risks had been assessed and improvements made to the risk assessment documentation, in some cases records lacked sufficient detail to ensure risks were managed and people were safe. At this inspection we found further improvement had been made to records.

People had been assessed to make sure any potential risks were minimised. Assessments covered topics such as falls, moving people safely, behaviour that may challenge others and risk of pressure damage. Records we sampled provided clear guidance to staff to help them manage situations in a consistent and positive way, and had been regularly reviewed to reflect any changes.

On the day of our inspection the lift was out of order. The registered manager described the action they had taken to make sure people were safe until it was repaired. This included temporarily moving two people to a different room, two people being supported in their rooms and other people who could manage the stairs were escorted down by staff.

People we spoke with at Amphion View told us that they felt safe. One person using the service said, "I like it, it's safe, I should know, I've been here long enough." Another person said, "Oh yes, I'm safe here, everyone is very good, always someone to talk to as well." A relative told us they felt confident their family member was safe at the home. Another relative said , "[My [family member] was found wandering and brought here, they do everything they can to keep [family member] safe. [Family member] much better off now [they] are here and I feel much better knowing [they are] safe."

We saw staff assisted people to move around the home, this was done discreetly and safely. Staff discussed what they were doing with people and gained their consent before they started any manoeuvres. The registered manager told us the home had its own manual handling trainers, which enabled them to provide timely training for staff.

A general evacuation risk assessment was in place to make sure people could be safely evacuated from the building. We also saw individual evacuation plans had been completed for each person. These highlighted any support or equipment needed to safely move the person, should they need to evacuate the premises in an emergency.

People were safeguarded from abuse and harm because the registered provider had systems in place to report and record any safeguarding concerns. Staff had a clear understanding of safeguarding people from abuse. They had received training in this topic and could describe the different types of abuse and what action to take if they had any concerns. Staff we spoke with were confident that any concerns reported to the registered manager would be taken seriously.

Overall, we found there was enough staff on duty to meet the needs of people living at the home at the time

of our visit. However, we discussed the benefits of reviewing staff deployment at mealtimes with the management team, to make sure people were supported appropriately. People told us staff were busy, but said they were available when they needed assistance. A visitor commented "I've never been at the weekends so can't comment, there does always seem to be enough staff around." They added, "They're [the staff] very nice people, very friendly, sometimes it can seem like they're running around a bit, but most of the time, there looks like there's enough of them."

The recruitment and selection process continued to be robust. Staff files showed new employees had been subject to appropriate pre-employment checks, such as making sure they did not have any criminal convictions and obtaining satisfactory written references. This helped to make sure unsuitable people were not employed. New staff had also completed an induction, which included essential training.

Medicines policies and procedures were followed and medicines were managed safely. Staff had been trained in the safe handling, storage, administration and disposal of medicines. All staff who gave medicines to people had received training and had their competency assessed. We saw the medication audits were thorough and robust. An error had been identified and was addressed immediately with the member of staff. They were unable to administer medication until they had been fully supervised to ensure people's safety.

A visitor told us, "[Person using service] can be difficult [in taking their medication], but the staff are very calm with her, even going away and coming back a little bit later so that she doesn't miss her tablets."

Accidents and incidents were monitored and evaluated to check for trends and patterns, so the service could learn lessons from past events and make changes where necessary.

The control and prevention of infection was managed well. There was an infection control champion who had completed training with the infection prevention control specialist nurse in Doncaster. They completed regular audits and had identified the areas we picked up during inspection that required attention. However, we found although some areas were clean they were damaged, so could not be effectively cleaned. For example, some chairs were frayed and torn. These items were included in the registered providers environmental action plan and were being priorities for replacement as funds became available.

We saw staff had been trained in infection control. Cleaning schedules were in place and staff were provided with appropriate personal protective equipment [PPE]. Staff demonstrated a good understanding of their role in relation to maintaining high standards of hygiene. People we spoke with felt that overall the home was maintained to a high standard in terms of the building and its cleanliness, whilst acknowledging that it was an old building and looked 'tired' in some places.

Requires Improvement

Is the service effective?

Our findings

The people we spoke with told us they felt Amphion View provided effective care that met their needs. A visitor said, "It's so nice when I come; we like to sit in this lounge as it's quieter. I see the staff coming in and caring for all the people in here. They always call them by name, and they all know [person using service's] little foibles." Another visitor echoed the view expressed about staff knowing individual people's needs and preferences. They told us "They all know what [family member] likes and doesn't like, they're so good with [them]."

People were provided with a varied diet, which most people said was very good. Grinning widely one person told us, "I like my food here." However, another person said, "It's okay, just okay. Not what I would cook, but I do enjoy breakfast." The relatives and friends we spoke with spoke positively about the meals provided. One person told us, "My [family member] has put on weight, [they] eat very well here."

People could choose where they wanted to eat, such as one of the two dining rooms, in their room or in other communal areas of the home. The meal options for the day where written on the menu board and we saw staff taking the two main options on sample plates to allow people to choose the meal they preferred.

When members of the care team engaged with people during the lunchtime meal it was pleasant and warm. People's names were used and overall it was evident staff were aware of their preferences and needs. We saw most people could eat independently, while others had assistance from staff to cut up their food. However, we saw the mealtime experience for some people could have been improved. For instance, the main dining room was extremely quiet, with no music or any form of background noise and there was little or no conversation between people. We saw people wandered around during lunch and one person took food from the plate of another person as they walked past. This was not observed by the staff supporting lunch as they were busy with other people.

We also observed three people having difficulties eating their meal, which resulted in food falling onto the table and the floor. Staff brought plate guards to help them and they finished their meal without further incident. However, these aids could have been provided when the meal was served. We discussed the ways people's dining experience could be improved with the management team. They explained that normally they would be assisting in the dining room, so extra assistance would have been available. However, they agreed to consider all the areas we raised.

We spoke with the relief cook, who had a good understanding of people's dietary needs. They could explain who required specialist meals and what was required when people needed a fortified diet. People received regular drinks and snacks throughout the day. Staff told us people who were at risk of losing weight also received fortified meals, snacks and drinks.

People's care plans included information about their dietary needs. This included their preferences regarding food and drink, any special dietary needs and the level of support they needed to make sure they received a balanced diet. However, we identified one person who was at risk of poor nutritional intake, but

their risk assessment had not been completed accurately. They had lost considerable weight, but this did not appear to have been monitored effectively. We discussed this with the registered manager who gave us assurances that appropriate action had been taken regarding the person losing weight. They said they would make sure the miscalculation on the risk assessment form was amended immediately.

People's day to day health needs were being met and they had good access to healthcare services. The registered manager told us how staff worked closely with external agencies such as the older people's mental health team, when they encounter difficulties with people that were beyond their experience and knowledge. He said "We take on board their advice and implement plans to support people. [Name of doctor] discusses emergency care plans with staff and families before putting them in place. These plans give advice regarding hospital admission which Amphion staff follow. We work with District Nurses and other visiting professionals to ensure that people are given the best care at the end of their lives. Pressure areas are one of the biggest concerns at this time, but the District Nurses have always been fully supportive in working with Amphion staff to manage this. Staff have also attended the 'React to Red' train the trainer [training] organised by the continence team."

The registered manager told us a GP continued to visit the home on a weekly basis to see all their patients. A relative commented "They [staff] are very good here. If there's anything wrong with [family member] they are quick to call the doctor, who is actually our family doctor too. They always let me know by telephone."

The service was meeting the requirements of the Mental Capacity Act 2005 [MCA]. MCA provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found the home was meeting the requirements of the Act, this included having copies of legal documents that evidenced that named people could act on people's behalf. Care records had been improved since the last inspection, so they better reflected each person's capacity to make decisions. People told us staff involved people in decisions and gained their consent before providing care or support.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS]. We saw DoLS applications had been submitted to the local authority as necessary, but the service was waiting for the outcomes.

People received care and support from staff who had the training, skills and knowledge to meet their needs, but some training needed updating. Everyone we spoke with felt staff met their needs and were complimentary about the way they provided care and support.

New staff had completed a structured induction to the service, which included essential training and shadowing an experienced member of staff until they were assessed as confident and competent in their role. The registered manager said if needed new staff would also complete the Care Certificate. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. This was followed by periodic refresher training to make sure they stayed up to date with any changes in practice. Training records showed some staffs' refresher training was ready for updating. The registered manager told us he was in the process of arranging for staff to complete required training in the near future.

The registered manager told us staff had also been enrolled on the Rotherham college distance learning dementia course. He said following this they would be enrolled on an end of life course. Behavioural management and pressure area care training was also being facilitated. The registered manager told us 20 staff had also achieved a nationally recognised care award, with other staff currently undertaking the course.

Staff we spoke with told us the on-going training they received was relevant to the people they supported and met their development needs. Regular support sessions and an annual appraisal of their work performance had also taken place. They told us they felt well supported by the management team, who they said they could approach at any time if they needed additional support.

As the home supported people living with dementia we looked at how the environment had been adapted to suit them. We saw there were some dementia friendly aspects, such as pictures on bathroom and toilet doors to help people find their way round the home and there was a choice of lounges for people to sit in and walk round. However, we discussed with the registered manager how the home could be made more dementia friendly. For instance, it might be beneficial for certain doors to be painted a different colour, so they stood out. Improvements like this could be considered as part of the ongoing programme of refurbishment for the home.

Relatives could spend time with their family member, in their bedroom or in various communal areas. People could gain access to the gardens on the ground floor, but we saw that during our visit these doors were closed, even though it was a nice day.

Company audits had identified certain areas as needing attention and there was an ongoing programme of refurbishment, repair and redecoration. The registered manager provided us with a refurbishment plan for the next two years. This included the replacement of some floor coverings and chairs, as well as redecoration of the dining room. He gave us reassurance that more urgent repairs, such as a downstairs shower room, would be prioritised. He told us he had contacted local contractors for quotes and anticipated the shortfalls would be addressed by October 2018, or beforehand if possible.

People we spoke with felt that overall the home was maintained to a high standard in terms of the building and its cleanliness, whilst acknowledging that it was an old building and looked 'tired' in some places.

Good

Is the service caring?

Our findings

People we spoke with said the environment at Amphion View was caring and they were very happy with the care they, or their family member, received. They were particularly pleased that staff knew all the people living at the home by name, and knew their personal preferences.

One person living at the home told us, "Overall, I'm happy, they are very caring here, and I must be one of the longest ones living here." Another person said, "Yes, there's always someone to talk to, looked after well." A relative told us they felt staff were very caring towards their family member adding, "They bath [them], they help [them] to get dressed, they make sure [their] hair looks nice, and they are always trying to get [them] to smile."

People were appropriately dressed and appeared comfortable. We spent time observing the interactions between staff and people who used the service and saw staff were caring, kind, patient and respectful to people, and people were relaxed in their company. Staff spoke with people by bending down to their eye level to communicate with them more effectively. During the day staff chattered cheerfully with people, as well as the visitors.

People's preferences were taken into consideration by staff. For instance, they chose where they wanted to sit, if they wanted to take part in the organised activities and what they wanted to eat and drink.

Overall people's privacy and dignity was respected by staff. Staff knocked on doors before entering, closed them when providing personal care and spoke in a quiet manner when discussing something personal with people. However, we noted after lunch people were sometimes left with food on their face and clothes. When we questioned this with staff they addressed it immediately.

The registered manager, who was also the home's dignity champion', told us, "Staff at Amphion View know that it is our policy that the person always comes first. We make sure staff understand that communication is extremely important in caring for people, so staff are trained to always explain what they are about to do, in order to reduce any anxieties the person may have." They also told us, "All staff have been trained to fully understand the need to treat people with respect and dignity. Important details are written into the care plans. For example, where people have a preference for the gender of the person supporting them."

Staff demonstrated a good knowledge of the people they cared for and knew the best way to support them, whilst maintaining their privacy and dignity, and encouraging their independence. A 'pen picture' was in each person's care file so staff had easy access to each person's preferred routines and history. A relative we spoke with was keen to share their view with us about how well the staff knew their family member's needs. They told us, "[Family member] doesn't speak anymore, so they [staff] take time with [them], and always talk to [them]. The girls [staff] are always saying where's that lovely smile today."

People using the service, and their relatives if appropriate, had been involved in planning their care and deciding how it should be delivered. Each person's care records outlined their background, preferences and

beliefs, as well as their needs. This information helped staff care for people how they wished.

People had been encouraged to personalise their rooms with pictures, small items of furniture and mementos. This aimed to make them feel comfortable and at home.

People were supported to keep in touch with their families, friends and other people important to them. Staff described how an iPad could be used by people to say in contact with their families using Skype. Visitors told us there were no unnecessary restrictions on visiting times and they were always made to feel welcome.

People were provided with information about how the home operated. The registered manager said he had an open-door policy so people could talk to him when they wanted to.

Good

Is the service responsive?

Our findings

People we spoke with thought the service at Amphion View was responsive to people's needs. Although most people we spoke with could not remember being involved in planning their care, they said they were happy with the care and support they received. The relatives we spoke with confirmed they had been involved in initial assessments and planning care.

At our last inspection we found people's care records were in the process of being rewritten and updated, which made it difficult to locate the most up to date information on people's care needs. At this inspection we found files had been reorganised into three main files. One contained archived information, the second the care plans and the third contained information needed to evaluate care plans. The reorganisation made it easier to find out about people's current needs. In general people's care plans contained satisfactory information about the person's needs and provided guidance to staff on how to meet these needs.

People had access to a varied programme of social activities and stimulation, which they said they enjoyed. Activities were organised by a dedicated activities person. We saw people were encouraged to join in planned activated if they wished to, but staff respected their decision if they declined to take part. Planned activities were displayed on the notice board as we entered the home, so visitors were also aware of what activities and social events were taking place. During the inspection we saw people taking part in a ball game to help their co-ordination, this was followed by armchair exercises. A relative told us, "They have singers which my [family member] enjoys, and they've had a couple of girls in doing a kind of pantomime."

Other planned activities for August included, visits to the hairdresser, a 'friendship club', sing-a--longs and games. Each Wednesday the 'Amphion Café' was held and on Friday afternoons the 'Amphion Pub' was open. We also saw an iPad was used during one to one sessions with people. For example, the registered manager told us this could be used to access photographs of the local pits so conversations could be held with former miners.

People's cultural and spiritual needs were taken into consideration and monthly visits from a local church gave people the opportunity to take part in hymns and prayers.

The service promoted sensitive end of life care. Staff worked with external healthcare professions, such as GPs and district nurses, to make sure people at the end of their life had adequate pain relief and any specialist equipment they needed. The registered manager said they had also consulted with the 'End of Life Advice Service' when needed. They gave us examples of how they had managed cultural differences at the home. For instance, on one occasion this had involved family and friends keeping a vigil on the last few nights before the person died. They said this had been a challenge to ensure the person's culture was followed, while making sure it did not have a negative impact on people living at the home. They told us, "I believe I did this successfully and earned the respect of [the persons community] as well as maintaining normality for the other people living in Amphion View."

The system in place to manage any complaints or concerns raised by people was managed effectively. The

registered manager told us six complaints had been received over the past year. We saw these had managed in line with the complaints policy, with outcomes recorded.

People we spoke with said they knew who to go to if they had a concern. A relative told us, "I'd go to [registered manager] or [assistant manager] if I had a concern about anything, or I could go to any one of the girls [staff] out there, but I'd just go straight to the office." Another relative commented, "They're [staff] very helpful here. If I had a concern and even went to the wrong person, they'd listen to me and then point me in the right direction of the right person." A visitor told us, "I visited and thought [person using service's] nails looked a bit dirty and were long, I spoke to [registered manager] and the next time I visited, which was in a couple of days, [their] nails had been cleaned and cut."

The registered manager told to how they tried to make information more accessible to people. They said as most people living in Amphion View were living with dementia, this often meant they had communication difficulties. This was assessed on admission and as part of on-going reviews. He said staff were advised on the best ways to communicate with individual people. This could be speaking slowly to someone or using aids such as pictures or objects of reference, such as showing someone a toothbrush to show the need to brush their teeth. The registered manager said there were pictures throughout the home to show where the toilet, bathrooms and the dining rooms were. He also told us that in the past they had used a simplified version of the picture exchange system to help communicate with a specific person.

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. An assistant manager and a quality assurance officer were also part of the management team. In June 2018 the registered manager had completed a level seven diploma in strategic management and leadership, which enhanced his skills and knowledge.

At our last inspection in July 2017 there was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the monitoring and audit processes used by the registered provider did not always identify shortfalls, so improvements could be made. At this inspection we found the registered provider had improved the system, so was meeting the Regulation.

We found the registered manager had introduced a more robust system for checking staff were following company polices and the service was operating satisfactorily. Topics covered included care plans, falls, nutrition, incidents and accidents. We particularly saw medication and infection control audits had been enhanced and completed to a very high standard. Where shortfalls had been identified, immediate action was taken or action plans were put in place to address them.

The relatives and friends we spoke with thought the service at Amphion View was well-led and told us they were happy with the care and support provided. They all knew the registered manager by name and told us he was approachable, so they felt able to go to him if there was a problem. People made similar comments in respect of the assistant manager.

Staff also told us they found the management team to be very approachable. One care worker said, "If I've got a problem he [registered manager] will sort it out, he gives good advice."

People's views were gained to assess how the service was operating and highlight any areas they felt could be improved. The registered manager said he had an 'open door' policy so people could speak with him whenever they wanted to. Although the people we spoke with could not remember completing a satisfaction questionnaire we saw a survey asking people for their views on social activities and what they liked and disliked about the service provision had been undertaken earlier in 2018. The outcome summary was available in the reception area for people to take a copy. This indicated that overall people were happy living at the home, but we saw the registered manager had taken people's comments on board and made changes where needed. This included producing a more varied activities programme. There was also a suggestion box in the reception area, so people could share their views and ideas with the management team.

Staff meetings were held regularly to ensure information was shared. However, the minutes from these meeting were not a detailed account of what was discussed and outcomes. This meant staff who could not attend meetings relied on other staff to disseminate the information. We discussed this with the registered manager who agreed to rectify this.

Policies and procedures were in place to guide staff and people using the service There was also a contingency plan, so they knew how to deal with routine and emergency situations if the management team were not available.

The registered manager tried to involve the local community in the home. They said they had, "Invited Elders from the local church to visit the home and sing hymns with people who wish to take part. We continue to hold a café on a Wednesday and a pub on a Friday, where one of the resident's family comes in and plays the piano and the accordion. We have extended an invitation to some of the residents [people who live locally] and to the care home across the road [to join them]."

Doncaster council told us they had undertaken an audit of the home in April 2018 when they, "Saw positive practices from the care staff." They said they had highlighted some areas for improvement around care records and had noted on two visits there was "A strong odour." On the day we visited the home there were no offensive odours detected.

In September 2017 the Food Standards Agency rated the kitchen facilities and documentation as four star, this was a drop from the highest rating awarded of five stars. The registered manager told us since their visit improvements had been made.

People's care records were kept securely and confidentially, in line with the legal requirements.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured notifications of such events had been submitted to CQC appropriately.