GALTRES CARE HOME LLP

Apple Tree Care

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on the Monday 7 December 2015. The inspection was unannounced. The previous inspection was completed in January 2014 and the provider was compliant with the outcomes assessed.

Apple Tree Care is a care home service without nursing. They provide long term accommodation for up to twenty older people who require nursing or personal care, some of whom may be living with dementia. At the time of our inspection there were twenty people receiving a service. The home is located just outside the City of York in the village of Strensall, with surrounding, mature landscaped gardens. Off road parking is available for visitors.

Apple Tree Care has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives spoke positively about the care they received. It was clear from talking to people and looking at care plans that care was person centred. People told us they felt safe and we found that staff knew how to protect people from avoidable harm.

Risk assessments and risk management plans were in place and they were regularly reviewed with people in line with their changing needs and documented in their care plans.

The service had a robust recruitment policy. We observed that there were adequate numbers of staff on duty; staff did not appear rushed in carrying out their duties. Care staff we spoke with told us they would always be happier with more staff so that they could spend more time with people.

The care workers knew the people and the people knew the care workers. We saw people responding positively, often smiling when staff approached.

Care workers were put through a robust recruitment, induction and training programme ensuring they were supported to have up to date skills to provide care and support to people.

The registered manager told us that training in end of life care was important and this would be completed for all staff by the end of January 2016.

Medication training was included as part of the induction process for staff. We saw medication was effectively administered with clear guidelines and methods of recording, administering and disposing of people's medication. Medication was administered in a safe and caring way, people were involved in agreeing to the medication and a drink was always provided.

We observed some minor errors with medication. The registered manager told us and we saw these were picked up by audits and, where applicable, additional staff training was provided.

Care workers told us they felt well supported and we saw good communication and relationships between care workers, management, people who used the service and outside agencies such as the local authority and health workers.

The registered manager and staff had a good understanding of the Mental Capacity Act and explained how consent and capacity were considered during people's assessments and care planning. Training records also showed that staff had covered the Mental Capacity Act and Deprivation of Liberty Safeguards during their induction and ongoing training. The registered manager told us they were committed to supporting staff with any additional training to that staff understood their responsibilities and people's legal rights were protected.

People were encouraged to live as independently as possible and to make their own decisions. Where people did not have capacity, the correct processes were followed and measures put into place to ensure people received care that was in their best interest. Identified risks were managed ensuring that people could still live as independently as possible.

The home was welcoming and vibrant with a variety of activities on offer to help keep people engaged and happy. The registered manager had worked with the organisation since 1992 and had considerable experience in dementia related illnesses including training in 'Dementia Care Matters.' As a result of this experience the home had been decorated in bright colours and textures and work undertaken to make it 'dementia friendly.'

We saw a range of regular staff meetings, supervisions, and resident meetings took place. There was evidence that meetings actively engaged with staff and people to share ideas, best practice and implement improvement, and that people's feedback was listened to.

People told us that they were treated with dignity and respect. Staff understood why this was important to people who used the service and they provided positive examples of how this was put into practice, for example, by ensuring clothing and towels were available at bathing time and knocking on the door before entering a person's room.

We saw that the register provider had good working relationship with external partner organisations. These included the local authority, GP's, Healthwatch and the district nursing team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

People told us they felt safe. Management and staff we spoke with were clear about following safeguarding policies and procedures and the action required if they thought someone was at risk.

We saw that sufficient staff were safely recruited with appropriate checks in place to ensure only people considered suitable to work with vulnerable people had been employed.

There was a medication procedure with good guidelines and staff were appropriately trained to safely store, administer and review people's medication.

The home was well maintained, clean and there were no unpleasant odours. We saw there were systems in place to monitor the control and spread of infection.

Is the service effective?

Good

The service was effective

Staff completed a comprehensive induction and shadowing programme. Well-structured ongoing competency checks, refresher training and supervisions further supported them in their roles.

The registered manager and staff understood the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards [DoLS]. People were encouraged and supported to share their views and consent to any care or treatment.

The chef ensured people received a varied diet and people's views were taken into account with regards to the menus on offer. People's dietary requirements and nutritional needs were monitored and advice sought where necessary.
There was a comprehensive programme of refurbishment, maintenance and checks resulting in a suitable home for those living there.

Is the service caring?

Good

The service was caring

Feedback consistently informed us that the service provided person centred care. It was clear the staff knew the people and put their needs first, and that the people knew the staff.

Privacy and dignity was consistently maintained and staff were respectful when providing care and support to people.

People were encouraged to be independent and to make their own decisions.

Is the service responsive?

Good

The service was responsive

At all times people were encouraged to be involved in planning and reviewing their care plans. Care records were detailed and person centred.

A varied programme of activities was provided with something for everyone and space to be quiet if that was a person's choice.

People's views and opinions were sought in a variety of ways and their ideas and suggestions were responded to.

The registered manager informed us that there had not been any formal complaints made to the home. People told us they could talk to staff if they had a concern or complaint.

Is the service well-led?

Good

The service was well led

Staff told us that management had an open door policy and that they would not wait to raise any concerns.

Updated practice and learning from working with partner organisations was shared through the service at regular meetings.

There was a warm friendly atmosphere and staff spoke of a positive culture where the managers promoted strong values and a person centred culture which was supported by a committed staff group.

Apple Tree Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. The inspection took place on Monday 07 December 2016 and was unannounced.

The inspection was undertaken by two adult social care inspectors. Prior to this inspection we reviewed information we held about the service, such as notifications we had received from the registered provider and information we had received from the local authority. We looked at the provider information return [PIR] previously submitted to the Care Quality Commission [CQC] by the registered provider. The PIR 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.

During the inspection we spoke with two people receiving a service, five relatives of a person receiving a service, two care workers, one house keeper and one team leader. We also spoke with the registered manager.

We looked at records which related to people's individual care, such as the care planning documentation for three people and other records associated with running a residential care service. This included four care workers files, other recruitment and training records, the care workers rota, records of audits, policies and procedures and records of meetings. We observed daily activities in the home including the administration of medication and the assistance people received with moving and handling.

Good

Is the service safe?

Our findings

The people we spoke with told us they felt safe. One person said "There is always someone around to help me when I need it." One relative told us "Yes, [person] feels safe, if they need anything they only need to ask, the support from the care workers is excellent."

We spoke with both management and care workers who had a comprehensive understanding of how to recognise abuse and were clear about what action to take if they suspected abuse was taking place. They told us and we saw they had completed safeguarding adults from abuse training as part of their induction programme. Where appropriate, annual refresher training had also been completed and was recorded. The registered manager showed us the updated safeguarding policy and we saw it was in line with the local authority policy and procedures, ensuring a consistent approach to safeguarding.

We looked at how risks were managed in relation to people's daily living at the service. We saw peoples care plans had detailed risk assessments in place. These included risk assessments for the risk of falls, moving and handling, nutrition and skin integrity.

The service uses the Waterlow score. The Waterlow score is a simple assessment tool that provides care workers with an estimated risk for the development of a pressure sore for a person. Where the person was at risk of developing a pressure sore we saw the service had an action plan in place to manage the risk and keep people safe.

Risk assessments were completed in respect of people's every day events, for example, using the stairs, mobility inside and outside the building, moving and handling, lighting and infection control.

Moving and handling included an identified 'moving risk' with an associated 'handling technique'. We saw from care workers files that all employees had completed training in moving and handling and we observed care workers adopted safe moving and handling practices when they supported people to move around the home. Risk assessments we looked at were reviewed annually and when a person's needs changed.

Prior to the inspection we received a notification from the service relating to incidents and accidents at the service. We looked at this as part of our inspection. We saw that the provider had completed a Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 [RIDDOR] notification and followed the Memorandum of Understanding (MoU) between the Health and Safety Executive and the Care Quality Commission [CQC] by submitting a notification to the CQC. We saw that the service had reviewed the person's care plan in August 2015 and that this identified the associated risks. An action plan had been developed to advise staff how to keep the person safe. We were told that the action plan had been reviewed after the incident but we did not see this documented.

The home carried out a range of maintenance checks which included water temperature checks, checks to monitor the safety of the premises and monthly checks on the safety of equipment. We saw evidence of these checks during our visit. We also looked at maintenance certificates for the premises which included

the electrical wiring certificate and gas safety checks. These were up to date and helped to ensure the safety of the premises.

The service undertook equal opportunities monitoring as part of the care workers recruitment process. The manager showed us the equal opportunities policy. This detailed the expectations of care workers, relatives and people using the service to ensure that people who lived at the home and care workers were not discriminated against and respected each other's human rights. Care workers told us and we saw from personnel files that they undertook training in the Human Rights Act as part of the induction process.

We looked at the recruitment records for four members of staff to see if care workers were recruited in a safe way. We saw that an application form had been completed, references obtained and checks made with the Disclosure and Barring Service [DBS]. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with children and vulnerable adults. This meant that only people considered suitable to work with vulnerable people had been employed. We saw that this information had been received prior to the new employees delivering personal care for people at the home.

The registered manager told us that the service was fully staffed with care workers. The registered manager had recently promoted an apprentice to the role of care worker and was recruiting a new apprentice to provide some extra support. The registered manager told us they did not use a dependency tool to work out the number of care workers required but regularly monitored staffing requirements. We looked at care workers rotas and these confirmed that there were four available care workers for each shift. There were three official care workers on duty between 08:00 and 17:00 hours and 16:00 and 09:00 hours and one other available on call.

Care workers we spoke with told us "Four care workers are better than three" and "Our job would be more manageable if there was an extra member of staff, particularly when we are bathing people as we wouldn't feel as rushed" and "There could always be more care workers, one more would be nice but there is a good care worker to person ratio at the moment." This demonstrated how the care workers we spoke with were committed to providing the best possible care to people.

There were other staff on site. We saw all staff employed undertook the same induction and training programme as care workers. We spoke with a house keeper who confirmed they had received appropriate training and that they carried out some caring duties at busy times, such as meal times, to ensure people were kept safe. People we spoke with told us "We never have to wait long for staff to come and help" and a relative we spoke to told us "Staff always have time to discuss [person] - they always update us with any changes."

Medicines were managed consistently and safely. We were told and we observed that people receiving services required assistance with their medication and that no-one self-administered.

We observed that medicines were dispensed from a fixed cabinet and that it was administered by the team leader and a senior care worker. This meant that a team leader or senior care worker had to stand at the medication cupboard whilst another administered medicines as there was no trolley available. The registered manager told us that this approach had been reviewed and was deemed the most appropriate for both the people's needs and to ensure safe accessibility around the building. The medication cabinet was clean and organised. Medication was placed from blister packs into a pot and taken directly to the person and this was recorded manually as a count on the medication administration record [MAR.]

We saw that the service used the dispensing chemist medication system and that a document recording the principles of good record keeping was available on the medication cupboard. We also observed information and guidance regarding how medication should be ordered, stored and disposed of appropriately.

We observed the medication round. We saw people were asked if they wanted medication, they were not rushed and we saw a drink of water was also provided where appropriate.

Refusals of medication by a person were returned to the trolley. Refused medication was recorded on the MAR as a code 'A'. We saw code 'F' was used for other reasons of none administration of medication. Further narrative should be noted by the service on the reverse of the MAR for a code 'F' but this was not seen. The care supervisor told us this should have been completed and would be picked up as part of future audit checks. Refused medication was put into a bag and details of the date, time and person's surname were recorded. This was collected by the chemist each month.

The provider told us within their PIR that there had been no medication errors in the last twelve months. We observed a routine audit count for a controlled drug [CD]. Controlled drugs (CD's) are medicines which are controlled under the Misuse of Drugs legislation. We saw these were kept in a locked cabinet. Records showed a discrepancy on the remaining medication. The audit showed that the CD record book had been completed incorrectly and we observed remedial action was then taken by the worker. At the time of this inspection there were no medications stored in a fridge.

One relative we spoke with told us they had no concerns with medication, they said "[Person] has all their medication administered and recorded by senior care workers, there are never any problems."

Good

Is the service effective?

Our findings

The service provided all care workers with an induction training programme. The programme covered the basic role and responsibilities of a care worker and training including dementia awareness, communication, infection control, food hygiene, fluid and nutrition intake, moving and handling, safeguarding and health and safety.
The programme ensured that employees had the required skills to effectively undertake their work and provide support and care to people receiving a service.

We saw new employees were enrolled on the Care Certificate induction programme. The Care Certificate is an identified set of standards that health and social care workers adhere to in their day to day work.

In addition to the induction care workers attended mandatory training and refresher updates. This included moving and handling, medication, NVQ level III in health and social care, safeguarding adults from abuse, and mental capacity act 2005. We were told by the registered manager that additional training in dementia, diabetes and Parkinson's had been provided to care workers. The registered manager told us that training in end of life care was a priority and mandatory to all care workers.

We saw that regular documented individual care workers supervisions were completed. We saw that they included a review of performance by care workers, identification of any mandatory or new training and development and discussions around any personal needs. Care workers told us that supervisions provided them with the opportunity to speak about matters confidentially and discuss any new training they may require.

The service recognised the importance of having a skilled and trained workforce. Training helped to ensure that care workers knowledge and skills were kept up to date. A training matrix helped to individually track the need for further training and highlight necessary updates.

We saw the service carried out regular competency assessments on all staff. We looked at observations carried out by team leaders on senior care workers who administered medications. Observations ensured they were competent and where any concerns were highlighted, additional training was provided.

People told us that they were well cared for and had access to a range of health professionals. The registered manager and one team leader were champions in end of life care. The registered provider had multidisciplinary links with other professionals including community psychiatric nurses [CPNs] general practitioners [GPs] and district nurses [DNs].

Once admitted to the service people were encouraged to register with the local GP team which offered continuity by having the same Doctor visit the home every week. A care co-ordinator employed by the local GP surgery visited the service each week and where they had concerns the GP was informed and would visit. The registered manager told us on the PIR "We support and encourage people to visit our in house services; these are the chiropodist, hairdresser and the optician. We also enable people to visit the dentist when

required." People and staff confirmed this and we found this ensured the service had effective, regular professional support for people that helped to keep them well and was responsive to their needs.

Care workers had received training and had an understanding of the requirements of the Mental Capacity Act 2005 [MCA]. The 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 when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS).

The registered manager told us in the PIR that the service had eleven people that had their liberty, rights and choices restricted by their care plans and that they were subject to authorisation under the DoLS. One care worker told us they had a limited understanding of the processes for DoLS but told us "We have some people who we have to make decisions for. They have a DoLS in place." They told us and we saw that there was documented capacity assessments in care plans.
A staff member we spoke with had an in-depth understanding of the process and discussed two recent DoLS applications that had been approved to be in place for a period of twelve months. People did have some restrictions in place and we saw care workers supported people, following care plans and risk assessments, to help people make their own decisions where ever possible.

We observed one person being helped outside as they had requested to go for a walk but could not do this on their own. We saw that people were asked by staff and gave their consent to what was being asked. Care workers told us "We encourage people to make decisions regarding all aspects of their lives. For example, if they want a drink there are no set times." Comments included, "We give people choices about drinks, food, and the time to get up and go to bed" and "People are able to make their own decisions."

People were encouraged to eat healthily. We saw peoples dietary requirements were noted on their care plans when they moved into the home and were regularly reviewed. A team leader we spoke with told us "We speak with the individual and the family to find out peoples likes and dislikes when they first join the service, this is then documented in their care plan. Where this relates to healthy eating we include food charts and monitor their diet." Another care worker told us "We report any concerns to the team leaders and note the details in their [people] care plans." People we spoke with told us "There is a choice of menu at dinner time" and we saw this to be the case.

We observed care workers gently guiding and supporting, those people who needed it, into the dining room for lunch and later for tea. Brightly coloured plates were provided to enable people living with dementia to easily identify the food on their plates. Care workers were on hand to provide support throughout meal times providing drinks and assistance where asked to do so.

We spoke to the chef who told us "The food is brought in fresh from [supplier]; it is high in nutrition and calories and offers foods in four different categories." We saw a variety of snacks, fruit and cakes available throughout the day and juice was fresh and accessible to people in all communal areas.

The home was refurbished over a nine year period with an emphasis on those people living with dementia. The registered manager told us they had undertaken training by David Sheard in 'Dementia Care Matters.' As a result of this training the home was decorated in colours and textures that were stimulating to people with dementia and had the feeling of a private residence. Signage was placed around the home and this enabled

people to find their way around. People also had access to an outside garden space with plants, seating and a grassy area. There were different room areas in the home where people could join in with activities, play music or chat quietly between themselves or with friends and family.

Good

Is the service caring?

Our findings

People who use the service, care workers and people who have contact with the service gave us positive feedback about the care provided. A relative of a person using the service told us "The care is very good in all ways, [person] is always clean and the care workers keep us up to date." Another relative told us "Very caring staff - we are really pleased with the quality of care here."

We looked at feedback on a relative's survey. Comments included, "Care workers are excellent", "I couldn't wish for better care", "Such caring care workers" and "Care workers have a deep understanding of dementia care, they are endlessly patient, an excellent care home." One care worker told us "All the care workers here care about the people, we are a good bunch."

Everybody we spoke with was complimentary about how caring the care workers were. Our observations during the inspection confirmed that care workers knew the people in the home and knew to treat them calmly and with dignity and respect. We did not hear any raised voices and we saw only gentle unrushed persuasion and encouragement used with people.

Feedback from the local authority commissioner stated "I am impressed by the dedication and care that you [care worker] gives, and the attention to detail which means that [person] is listened to, and respected."

We looked at peoples care plans. These were person focused and provided details of people's needs, likes, dislikes and wishes. One care plan detailed the person's interests; the activities they enjoyed were recorded on an activity sheet. People told us their views were listened to and that they were involved with developing their own care needs. Care plans detailed how staff should deliver care and had set goals and outcomes. These were reviewed with those involved including family and other health care professionals.

Someone from the local authority told us "Care workers know residents very well; they perhaps don't always think to note all preferences in files, even though they are delivering peoples preferences in practice."

The care provided by the care workers extended beyond caring for people that used the service. We spoke to a relative who visited the home daily to be with their family member. The relative told us that the care workers were very caring and we saw that they provided the relative with a cooked meal. The relative also told us, "Care workers always watch out for me, they give me a shave when I need one and feed me every day, it really helps me whilst I am visiting [person]." They added "Last year the registered manager thought I looked cold and provided me with a coat."

We observed care workers knocking on doors before entering people's rooms, speaking with people politely and asking or explaining what they would be doing and if it was alright. Care workers addressed people in the way they wanted to be addressed. People were appropriately dressed and employees were mindful that any personal care should be offered in a way that promoted the individuals dignity.

We spoke with care workers and they confirmed to us that they had a good appreciation of what was meant

by treating people with dignity and respect. One care workers told us "I would always seek a person's views when providing them with personal care." They added "At bath time I would respect their dignity by laying the clothes they had chosen to wear out for them and I would ensure that they had a dressing gown and towels out ready."

We looked at the service user guide which stated 'Our aim is to foster an atmosphere of care and support which both enables and encourages service users to live full, interesting and as independent a lifestyle as possible, where rules and regulations are kept to a minimum.'

People were supported to make their preferences for end of life care known and these were recorded. Where people continued with their end of life care with the service we saw they received compassionate and supportive care provided by care workers that knew and understood their wishes.

The registered manager told us, "We currently have twenty care workers enrolled on training in end of life care and this should be completed by the end of January 2016".

Good

Is the service responsive?

Our findings

We spoke with people using the service, family members, the registered manager and care workers and the feedback demonstrated that the service was very responsive to meeting the needs of not only people living at the home, but also their relatives as well.

The registered provider told us in their PIR that "We ensure care is consistent by appointing a contact worker and a key worker so that people feel welcomed into the home. We use the care plan to record a person's needs, wishes and choices."

We looked at care records for two people who lived at the home. Care plans were detailed and person centred. They reflected the individual way in which people wanted to be cared for which included their choices and preferences. They included a short summary of needs, information regarding people's health conditions and other people involved in their care, personal care needs, life histories and risk management.

Care plans were signed by the individual and/or their relatives when they had agreed to this. Regular reviews were carried out and people and their relatives were involved in these reviews. This helped to ensure that the care provided was consistent and met people's changing needs.

Care workers told us "We find out about people from their care plans, care plans are written with and for the individual but we really get to know people by spending time with and talking with them." Some care workers told us "This is the best part of the job, getting to know people; I wish we had more time available to do this." A staff member we spoke with discussed a person who received very personalised care saying "[Person] is fully reliant on care workers for all their needs, they struggle to communicate but we know they like music and it's nice to see them smile when we put it on."

Regular and varied activities took place at the home. The registered manager told us that some activities were chosen by listening and talking with people and responding to issues and ideas put forward by people who lived at the home.

We observed a relaxed atmosphere with one person playing a piano; some other people in a separate room were listening to music. In the afternoon care workers were baking cakes with people.

We observed and joined in with a visit to the registered provider from Petting Animals. This was a particularly sensory event for people. It was very well received by most people who had the opportunity to touch and hold a variety of animals from a Skunk to Chinchilla and even a snake. The registered provider told us on the PIR that the service has three people who had a sensory impairment but we saw many people enjoying the event.

We observed other people going out for walks and one person went outside for a cigarette. One other person was chatting and smiling to a member of staff who was cleaning up; everyone was involved.

One person told us "Groups come in to sing and someone comes in to play piano, which we all look forward to and enjoy."
People spoke highly of the activities on offer. Comments included "I enjoy the activities; there is something on every day so I never get bored" and "I like to go outside in better weather and do a bit of gardening."

Relatives were encouraged to visit at any time and care workers supported people to maintain relationships, for example, via telephone contact with their relatives.
The service had a complaints procedure and details of how to complain were seen in the Service Users Guide.

The registered provider told us on the PIR that the service had received one indirect complaint. This had been submitted as a safeguarding alert to the local authority rather than directly to the home. The complaint was found to be unsubstantiated by the local authority.

Care workers told us they thought people knew how to complain and that they knew what to do and who to speak with if someone made a complaint to them.

Good

Is the service well-led?

Our findings

The registered provider is required to have a registered manager as a condition of registration. There was a registered manager in post on the day of our inspection and so the registered provider was meeting the conditions of registration. The registered manager was supported by a deputy manager.

We asked for a variety of records and documents during our inspection. We found these were well kept, easily accessible and stored securely. Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager of the service had informed the CQC in a timely way. This meant we were able to check that appropriate action had been taken.

We spoke with care workers who told us they would not hesitate to escalate concerns to the registered manager. One care worker told us "The office door is always open" and "[Manager] is always approachable." They added "I know I would be fully supported by management." Another told us "If I had to undertake whistleblowing or had concerns, I would speak to my line manager, the CQC or the local authority" and "It is important that people are kept safe, I wouldn't wait to raise a concern."

Team leader meetings were held on a monthly basis. Care workers told us they were informative, in particular regarding people's needs and the general running of the home. The registered manager told us they used the meetings to discuss outcomes from monthly recorded observations of team leaders when administering medication. Audits on care plans and monthly resident reviews were also discussed. If care plans were not up to date then the manager made time available for the key worker to update them.

Care workers told us they were kept up to date after team meetings with verbal updates and new information in people's files. In addition to team leader meetings, day and night care workers meetings were held every three months. One care workers told us "Team meetings are really useful, we discuss things that don't work and we are asked for our views to improve the service, I enjoy them."

Care workers told us the registered provider did not ask them to complete a survey but we saw an annual survey that had been distributed to people who lived at the home and families. Along with thank you cards from people and families we saw good positive feedback defining the culture of the home. One relative said "The home is so well managed it's more like a proper home for [person]."

Residents and relatives meetings are held up to twice a year when people get to put their views forward and influence their environment and how they live. People told us they thought the meetings were useful and that the registered provider listened to their views and changes were made as a result. One person told us "They are good but we could do with more of them."

We saw that the registered provider was a member of the Independent Care Group [ICG]. ICG is the recognised representative body for independent care providers (private and voluntary) in York and North Yorkshire. By working in partnership with ICG the registered provider was kept up to date with changes in the

care sector. This demonstrated a commitment to service improvement by using up to date practices to give the best possible service to the people they cared for.

The registered provider undertook regular housekeeping checks. The housekeeping audit including checks on water temperatures, emergency call bells and included documented repairs, for example, when lights had been repaired. We saw all systems such as fire alarms, nurse call systems and water temperatures were audited monthly. Faults were reported and actioned. This showed that the registered provider had monitoring systems in place to ensure that the premises remained safe for people who lived and worked at the home. Audits were also carried out on care plans and medication systems. This showed that the registered provider regularly checked that systems in place at the home were being followed by staff.