

Voyage 1 Limited

Rivelin House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Rivelin House is a care home in the Shiregreen area of Sheffield. The home provides nursing and personal care to adults who are living with a physical or learning disability. The home is registered to provide care for up to eight people with accommodation provided in seven en-suite rooms spread across two floors. There is also a separate self-contained flat at the back of the home providing accommodation for one person using the service.

The service was last inspected in January 2014 at which time it was compliant with all the regulations we assessed. We inspected this service on the 24 March 2016. The inspection was unannounced. There were eight people using the service at the time of our inspection.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

During the inspection we found that staff understood how to identify and respond to safeguarding concerns to keep people safe. People's needs were assessed and risk assessments put in place to guide staff on how to minimise risks.

Recruitment checks were completed and sufficient staff were employed to meet people's needs. There were systems in place to ensure people received their medicines as prescribed.

New staff had an induction and on-going training to equip them with the skills and knowledge needed to carry out their roles effectively.

People were supported to eat and drink enough and access healthcare services where necessary.

Staff understood the needs of the people they were supporting and there were systems in place to share information about people's changing needs.

We observed staff to be kind and caring and received positive feedback from relatives of people using the service. People were supported to make decisions and maintain their privacy and dignity.

There was a system in place to ensure people could raise concerns or make complaints if necessary.

We received positive feedback from staff about the registered manager; however, at the time of our inspection they were managing two homes and split their time between the two services. Staff we spoke with told us that there was a lack of coordination and organisation in the registered manager's absence.

We identified gaps in recording and found that records were not always well maintained. We were concerned that the systems in place to monitor the quality of the service had not identified and addressed these concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff understood how to recognise and respond to signs of abuse to keep people using the service safe.

The service had systems in place to assess and manage risks to keep people safe and prevent avoidable harm.

There were enough staff on duty to meet people's needs.

Medicines were managed in line with guidance on best practice.

Is the service effective?

Good ●

The service was effective.

Staff had on-going training to equip them with the skills needed to carry out their roles.

People were supported to make decisions and their human rights were protected in line with relevant legislation and guidance.

People's nutritional needs were assessed and staff provided support to ensure people ate and drank enough.

Staff supported people to access healthcare service where necessary.

Is the service caring?

Good ●

The service was caring.

We received positive feedback from relatives of people using the service and observed positive interactions which demonstrated that staff had developed caring relationships with people using the service.

People were supported to express their wishes and views.

People's privacy and dignity was maintained by staff who were

observed treating people with respect.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and personalised care plans put in place to support staff to provide responsive care.

People were supported to engage in activities, maintain contact with their families and access their wider community.

There was a system in place to manage and respond to complaints.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The registered manager split their time between Rivelin House and another care home they managed. Staff we spoke with told us that there was a lack of coordination and organisation in the registered manager's absence.

We found that records were not always well maintained and the systems in place to monitor the quality of the service had not identified and addressed these concerns.

Rivelin House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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 inspection took place on the 24 March 2016 and was unannounced. There were eight people using the service on the day of our inspection. The inspection team was made up of one Adult Social Care (ASC) Inspector.

Before the inspection we looked at information we held about the service, which included notifications sent to us by the registered provider. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We also asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered 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 who used the service and four of their relatives. We also spent time observing interactions between staff and people using the service throughout the day. We had a tour of the service including communal areas and, with permission, looked in people's bedrooms.

We spoke with the registered manager, two nurses and four care staff. We looked at two staff files and reviewed records relating to the management of medicines, staff rotas, meeting minutes and records used to monitor the service, which included health and safety, maintenance records and quality assurance checks.

Is the service safe?

Our findings

Throughout our inspection we observed that people using the service were generally relaxed and acted in a way that showed that they felt safe and at ease in their surroundings. We saw that people using the service responded positively towards staff showing us that they felt safe with the care and support that staff provided.

Relatives of people using the service said, "[Name's] care is pretty good" and "[Name] is happy...they love it there and is very relaxed and calm."

The registered provider had an up-to-date safeguarding adult's policy in place to guide staff on how to appropriately identify and respond to safeguarding concerns. We saw that staff completed safeguarding training and staff we spoke with showed a good understanding of their roles and responsibilities with regards to dealing with safeguarding concerns. One member of staff told us "If I did see something I would speak to the manager or go above them and whistle blow." Records showed that safeguarding concerns were appropriately identified and referred to the local authority and notifications sent to the Care Quality Commission. This showed us that there were effective systems in place to identify and respond to safeguarding concerns to keep people using the service safe.

We reviewed three people's care plans and saw that their needs were assessed, risks identified and support plans put in place to guide staff on how best to provide care to minimise risks and keep people using the service safe. We saw support plans which provided information on how staff should manage risks associated with people's physical health needs such as epilepsy, mobility and falls risk and risks associated with people's emotional and behavioural needs. We saw that the information contained in care files provided individualised information about how staff should manage and respond to specific risks to promote people's safety.

We asked staff how they kept people using the service safe. One person told us "Through close supervision. We are with people when they eat; we have pressure mats and monitor them regularly. We do wheelchair checks and fire safety checks so we know what to do in an emergency and regularly clean so people are safe from germs." Another member of staff told us "The training makes sure people are safe and that we are safe." They explained how the training, on topics such as moving and handling, enabled them to provide safe care and support based on best practice guidance.

Where people could become anxious or distressed and staff needed to respond in a specific way to maintain their safety, information was recorded in people's care plans. We saw that all staff completed 'management of actual or potential aggression' (MAPA) training to equip them with the skills needed to effectively respond if people were anxious or distressed. One member of staff told us "MAPA training does not really relate to this care home, people are not aggressive here...we use distraction techniques to defuse situations." Other staff we spoke with explained how they used their knowledge of people and their needs to avoid situations that may cause anxiety or distress. We observed staff responding appropriately to defuse situations and provide reassurance during our inspection. This showed us that staff had the skills and knowledge to

respond to incidents to keep people safe.

We reviewed records of accidents and incidents and saw that these contained details about what had happened and the immediate action taken. However, we noted that accident and incident forms did not consistently record what follow-up action had been taken to manage and reduce future risks and had not always been signed off by the registered manager or nurse in charge to confirm that they were satisfied with how this incident had been managed. Despite this, the registered manager was able to provide information verbally demonstrating that they had an overview of accidents and incidents that had occurred within the home and explained that reports were sent to the registered provider's quality team who monitored all accidents and incidents and got in touch with the home if further action was needed.

Checks of the building and equipment were carried out to minimise health and safety risks to staff and people using the service. We saw documentation and certificates to show that relevant checks had been carried out on the electrical circuits, gas services, water temperatures, electrical items, nurse call bell system and lifting equipment including hoists and the passenger lift. We saw that a suitable fire risk assessment was in place and regular checks of the fire alarm system, fire extinguishers and emergency lighting were carried out to ensure that these were in safe working order. We saw that fire drills took place to ensure that staff knew how to respond in the event of an emergency. Wheelchair and bed rail safety checks were also completed to ensure that any damaged, broken or dangerous equipment was repaired or replaced at the earliest opportunity. This showed that the registered provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

We looked around the home including, with permission, people's bedrooms. We saw that communal areas and people's rooms were generally clean, tidy and well maintained. We spoke with the registered manager about the importance of ensuring store cupboards were locked when not in use, that walkways were maintained free from slips or trip hazards and that clothes were not left drying in-between the washing machine and tumble dryer as this presented a fire and infection control risk.

The registered provider had a business continuity plan documenting the arrangements in place to ensure that people's needs would continue to be met in the event of an emergency situation such as a fire or a disruption in the electricity or gas supply to the home. Staff showed us a fire box which contained Personal Emergency Evacuation Plans (PEEP's) for people using the service. PEEP's document the level of assistance people using the service would need to leave the home in the event of a fire. This box also contained torches and other information that might be needed if the home had to be evacuated in an emergency.

On the day of our inspection we observed that there were enough staff on duty to meet people's needs. Staff we spoke with told us "Staffing levels are quite changeable, sometimes we are really short staffed, we have to ignore one person to fulfil what another person wants, but it is manageable", "Staffing is fine now, previously we have been quite short staffed which resulted in residents not being able to go out as much, but it is better now", "Staffing levels are good at the minute" and "Staffing is loads better now." Staff we spoke with explained that a number of staff had left at the same time and this had impacted on staffing levels. We were told that six staff had recently been recruited and this had eased the pressure on staffing levels.

We asked relatives of people using the service if there seemed to be enough staff on duty when they visited. Feedback included "There's more than enough staff all the time" and "We have always found there are enough staff."

The registered manager explained the system they used to determine safe staffing levels and told us that

they used bank staff and agency nurses where necessary to ensure minimum safe staffing levels were maintained. Although the feedback we received showed us that staffing levels had improved and were, at the time of our inspection, sufficient to meet people's needs, we spoke with the registered manager about ensuring that there were effective systems in place to make sure that staff leaving did not impact on the level of care and support provided to people using the service.

Staff we spoke with told us they had an interview, provided references and Disclosure and Barring Service (DBS) checks were completed before they started work. DBS checks return information from the Police National Database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safe recruitment decisions and prevent unsuitable people from working with vulnerable groups. We reviewed two staff recruitment files and saw that references were obtained and DBS checks completed. This showed us that there were systems in place to ensure that only people considered suitable to work with vulnerable adults had been employed.

We saw that the registered manager had carried out checks with the Nursing and Midwifery Council (NMC) in September 2015 to ensure that the nurses employed by the service had active registrations to practice.

The registered provider had a handling and administration of medicines policy and staff received training on how to safely administer medication. Medicines were administered by the nurse on duty or the responsibility delegated to trained carers, where people were going out for the day. We saw evidence that medication competency checks were completed to ensure that training had equipped staff with the necessary skills and knowledge needed to safely manage medication.

We reviewed how medicines were managed within the home. We observed that medicines were securely stored in a locked cabinet in one person's flat and in a secure treatment room. A daily temperature record was kept to ensure that medicines were stored within safe limits. We saw that medicines with a limited expiry had been dated when opened, so that staff could check and dispose of this where necessary.

Some prescription medicines are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs and there are strict legal controls to govern how they are prescribed, stored and administered. We found that controlled drugs were securely stored and records showed these were checked and recorded when given.

Medicines were supplied by the pharmacy in a monitored dosage system containing a 28 day supply of that person's medicines, which were colour coded for the time of administration. Medicines were also supplied with a printed Medication Administration Record (MAR) which contained details of the type of medicine and time of administration. MARs are used to document medicines given to people who used the service. We completed spot checks of completed MARs and found that these were completed correctly and there were no gaps in recording.

Some medicines are prescribed to be taken only when needed, for example, pain medication. This medication is known as 'PRN medication'. Where people were prescribed PRN medication, we saw that a 'PRN protocol' was in place providing guidance to staff as to what the medication was used for and when it might be needed.

Staff explained how medicines were reviewed in consultation with people's G.P's and care files recorded the dates that annual medication reviews had been completed.

Is the service effective?

Our findings

We reviewed the registered provider's induction and training programme. Staff told us they completed two weeks induction training and shadowed more experienced staff before starting any caring work. We observed that new staff were supernumerary when shadowing and spent time watching more experienced staff and getting to know people using the service. New staff told us that they felt the induction was effective and that shadowing helped them to gain confidence in their role.

We saw that training was provided on a range of topics including moving and handling, medicine administration, mental capacity act and deprivation of liberty, nutrition awareness, safeguarding adults at risk, food safety, infection control, equality and diversity, first aid and fire safety at work. The registered manager showed us a training matrix they used to record training staff had completed and to identify when training needed to be updated. This showed us that staff at Rivelin House were 85% compliant with the registered provider's training requirements. However, the registered manager explained that this figure included a number of new starters who were in the process of completing the registered provider's training programme.

Whilst we could see that there were some gaps where staff needed to complete refresher training, for example four staff needed to update their fire safety at work training and four staff needed to update their safeguarding adults at risk training; we could see that staff did receive on-going training throughout the year. The registered manager explained that the training matrix was checked on an on-going basis and staff booked onto courses where gaps were identified.

We observed staff providing effective care and support during our inspection and seeking reassurance and guidance from the nurse on duty where necessary. This showed us that there was a supportive culture within the service with more experienced staff providing advice, guidance and support around best practice.

Staff we spoke with told us that they had supervision to discuss what was working well and any issues or concerns they had. Staff files contained copies of supervisions completed and confirmed that staff also received an annual appraisal. Staff we spoke with told us they felt supported in their role and that they could access advice and guidance if they had any issues or concerns.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people 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 procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the registered provider was working within the principles of the MCA and DoLS. At the time of our inspection five people using the

service were subject to DoLS and a further three applications had been submitted. The registered manager told us they noted the expiry dates of the DoLS in their diary so that a new authorisation could be submitted where necessary.

We saw that care plans contained evidence that mental capacity assessments were completed and best interest decisions made where necessary. However, we noted that some best interest decisions had not been revisited in a number of years. Mental capacity assessments and best interest decisions are time and decisions specific and we spoke with the registered manager about the importance of reviewing best interest decisions to ensure that the circumstances had not changed, that decisions made historically remained in the person's best interests and were still the least restrictive of the available options.

We asked staff how they supported people to make decisions, one member of staff told us "We show them options [and let them choose]. We have a few people we have to interpret non-verbal cues." They explained how a particular person had a family member who they spoke to for background information that might help with making a decision on the person's behalf.

People using the service had a range of complex nutritional needs that required specific care and support to ensure that they ate and drank enough. We found that information about people's specific nutritional requirements was recorded in their care files. For example, one person using the service required a pureed diet due to swallowing difficulties. We saw their care file contained information and recommendations about preparing a pureed diet and person centred eating and drinking guidelines for staff to follow when supporting this individual. One person using the service required a protein free diet and we saw how advice and guidance had been sought from the person's dietician about how to meet this specific nutritional need.

The home did not have a cook, with staff supporting people using the service to prepare all meals and drinks. Staff we spoke with explained the care and support provided to meet people's specific nutritional needs and we observed that people were provided with appropriate support to ensure that they ate and drank enough throughout our inspection. We saw that there was a range of food, drinks and snacks available from which staff could prepare a well-balanced and nutritious diet and we saw that people were offered alternatives if they did not like what had been prepared. One member of staff told us "If someone refuses dinner we offer alternatives." People using the service were weighed regularly and these records showed that people were supported to eat enough. We saw staff encouraging and supporting people to drink regularly to minimise the risk of dehydration.

Relatives of people using the service said "[Name] likes his food; he eats well" and "Every time we have been [Name] has had nice food. When he is well they let him help and do baking. They do proper food not frozen ready meals."

Care plans we reviewed contained information about people's health needs, prescribed medicines and contact details of healthcare professionals involved in supporting them. Records showed that people were visited by or supported to visit their G.P, physiotherapist, dentist, podiatrist and other healthcare professionals where necessary. These records showed us that people using the service were supported to access healthcare services to promote and maintain good health.

Is the service caring?

Our findings

People using the service told us "I enjoy it here" or showed us through non-verbal communication that they were happy with the care and support provided. We observed that people using the service were generally relaxed and appeared content in their surroundings. We observed a number of positive interactions between staff and people using the service, showing us that people felt comfortable and at ease with the care and support provided.

Relatives of people using the service told us "We couldn't wish for better care for [Name]" and "It's the best place he has been, he seems very happy there."

We asked staff if the service was caring. Comments included "Service users are excited to see support workers and respond by laughing and hugging", "Staff are caring. People always look presentable, they are not ignored. We have a laugh and do activities together; we make sure people feel comfortable as it's their home" and "People seem happy. Staff have built up a rapport with service users, staff have a proper bond it's not just a job."

We reviewed people's care plans and saw that they contained a range of person centred information about people's likes, dislikes, family relationships, hobbies and interests. This information supported staff to get to know and develop positive caring relationships with the people they were supporting. Staff we spoke with told us "People have care plans about them which are kept up to date. Staff have to read them when they start and get to know people by talking to them" and "During the induction we observe people and try to bond with them, it comes with experience."

We observed that there was a relatively small staff team working at the home and we saw how this consistency of care enabled staff and people using the service to get to know each other. We observed that staff had time to spend talking or going out with people using the service and as a result had developed an understanding of people's needs.

People's care files contained a 'communication plan' to support staff to interpret verbal and non-verbal cues and aid communication. These contained detailed information about what a person might say or how they might act and what this meant, for example, one person might say 'bike' meaning they wanted their wheelchair, whereas another person would hit their upper arm to communicate that they were ok, but make a high pitch sound if they were in pain. We saw how these communication plans aided staff to understand what people using the service were communicating and to interpret people's wishes and views. We observed staff offering people choices throughout our inspection and encouraging and supporting people to make day to day decisions, for example about what to eat or drink.

We observed that people's privacy and dignity was maintained. We observed that care and support provided in communal areas was appropriate and respectful. Where people using the service required support with personal care, this was provided in people's bedrooms or the bathroom and doors were shut. Staff knocked on closed doors before entering and ensured bathroom doors were closed quickly if they needed to enter or

exit, so that people's privacy was maintained.

Staff we spoke explained how they promoted people's privacy and dignity. One member of staff told us "We keep people covered up until we are in the bathroom and then ask them if it is ok to help, we offer support, but prompt people to be independent." A relative told us "[Name] is always clean and well-dressed when we visit." These and other comments showed us that staff understood the importance of treating people with dignity and respect when providing care and support.

Is the service responsive?

Our findings

We reviewed three people's care files and saw that people's needs were assessed and care plans put in place to guide staff on how to meet identified needs. We saw that care plans contained information from health and social care professionals alongside details about people's likes, dislikes and personal preferences. This showed us that a range of people were involved in care planning and that relevant people were involved in this process wherever possible.

We found that care plans were comprehensive and contained a wealth of information. Information was also summarised to make it more accessible to staff providing care and support. Care plans contained a one page profile about the person including 'What people admire about me', 'What is important to me', and 'How to support me well'. Information was also provided on people's social history, important family relationships and hobbies and interests. Having information such as this is important, particularly where people have memory impairment, as it enables staff to communicate with people about things which matter.

Care plans also contained a 'Typical day' to record a narrative account of how people using the service liked to spend their time and how care and support should be provided. These documents were very person centred and provided an overview of the person's care and support needs alongside their likes, dislikes and personal preferences about how that support should be provided.

In addition to a care folder containing care plans and risk assessments, each person using the service had a health file, medication folder and folder containing daily records of the care and support provided. These records were used to record and monitor people's current needs and to handover important information about the care and support provided that day. We saw that care plans and risk assessments were generally updated regularly and monthly clinical reviews were completed to check whether people's needs had changed and whether any amendments were needed to the care plans.

Staff we spoke with were knowledgeable about people's needs and could tell us person specific details about how that person was best supported. We spoke with a new member of staff. They told us "Staff are knowledgeable; they will tell me everything I need to know." They explained how they could ask other staff about the people they were supporting and they could answer questions and provide advice on how best to meet their needs.

We saw that some people using the service were supported to go out during the day to pursue hobbies or interests and access their wider community. A member of staff told us "We try and engage people in activities or take them on day trips." They explained that they did baking, crafts, board games, dominoes or watched films with people using the service. Another member of staff said "We've recruited six workers so if people want to go out they can." Staff told us that they had access to two vehicles to support people to go out and access the wider community. Relatives we spoke with explained the support provided by staff to take people out and to go on holidays. One relative said "[Name] is really settled there they are very good with him, they take him out to events...he is quite happy there."

Relatives of people using the service consistently told us that they were happy with the communication between them and staff, with feedback including "If something happens they always ring and tell us" and "If [Name] is not very well they ring and let me know...they are very good at involving families." Relatives told us that they were made to feel welcome when they visited and included with what was going on within the home.

The registered provider had a concerns, complaints and compliments policy in place detailing how they managed and responded to these. Records showed that there had been one complaint received since our last inspection and records showed that this had been addressed and the issue resolved. Relatives we spoke with told us that the registered manager was approachable, one relative said "We have [registered manager's] number – any problems she is very helpful."

Is the service well-led?

Our findings

The registered provider is required to have a registered manager as a condition of their registration. There was a registered manager in post on the day of our inspection and they had been registered with the Care Quality Commission since April 2015. As such the registered provider was meeting this condition of their registration.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

We asked relatives of people using the service what they thought of the care and support provided at Rivelin House. Feedback included "Out of all the places [names] been, this is by far the best" and "It appears to me to be well-led...if there's been an appointment, they always ring and tell me, I'm very happy with the communication." Staff we spoke with told us "It's a really lovely home and we provide the best care we can. People seem happy" and "It's a happy home, people mostly get on."

We observed that there was a relaxed atmosphere within the home. We saw that interactions between people that used the service, staff, the nurse in charge and the registered manager were relaxed and informal.

At the time of our inspection the registered manager was also registered to manage another home and was splitting their time between the two services. The registered manager told us that they spent their time equally at the two homes and explained that this was a temporary arrangement.

Staff we spoke with gave positive feedback about the registered manager, commenting "We can always ring the manager, [name] is approachable", but told us that the management of the service suffered due to them splitting their time. Comments included "[Name] is a good manager, but with them managing another home – we could do with them here more" and "We've not got a manager all the time, when the manager is here everyone is on task." They went on to explain, however, that when the manager was not on shift there could be a lack of coordination and organisation. We asked another member of staff if the service was well-led they told us "Yes when they [manager] are here, [name] does their best, but they are running two homes."

We asked for a variety of records and documents during our inspection. We found these were stored securely, however, we found that records were not always well-maintained. For example, we saw that daily fluid charts and personal care charts had not been consistently completed. Our observations showed us that these were recording issues and that people using the service were, for example, receiving regular support to eat and drink, however, we were concerned that these recording issues had not been identified and addressed. We found other examples where accident and incident reports did not document the action taken and identified examples where monthly clinical review meetings had not been consistently completed. We also spoke with the registered manager about consolidating information and archiving old paperwork to improve the accessibility and ease of use of care files.

The registered manager told us that quarterly quality assurance audits were completed and an action plan implemented where any improvements were identified as needed. We saw that an action plan was in place covering January to March 2016 and that areas requiring improvement had been signed off when actions had been completed. Although this appeared a comprehensive system, we were concerned that issues we identified with documentation and recording had not been identified and fully addressed through the quality assurance process.

The registered manager showed us an annual service review that had been completed in March 2016 collecting information from people using the service, relatives and staff. Results of this had been collated and areas for improvement identified and recorded under 'What we want to improve on'. This recorded for example, that work was on-going to redecorate areas of the home. This showed us that the registered provider was committed to listening to feedback and making improvements in the service provided.

The registered manager told us they aimed to hold staff meetings every six-eight weeks. We saw that staff meetings had been held in December 2015, February 2016 and the agenda for a meeting held in March 2016, although we were told the minutes had not been written up at the time of our inspection. Where there were team meeting minutes available, these showed that people using the service were discussed, health and safety issues, safeguarding, training and changes within the service. This showed us that team meetings were used to share information and to communicate changes to improve the service provided.

We asked the registered manager how they kept up-to-date with changes in legislation and guidance on best practice. They told us they received a weekly email from the registered provider's communication team and this contained details of any policy updates or important changes.