

Wellburn Care Homes Limited

St Catherine's Care Home

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

St Catherine's Care Home is registered to provide residential and nursing care for up to 55 older people who may be living with dementia or a physical disability.

This service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Accommodation is provided in one adapted building separated into two units called Harewood and Mews. Harewood provides nursing care, whilst Mews specialises in providing nursing care for people who may also be living with dementia.

This inspection took place on 13 and 15 December 2017 and was unannounced. At the time of our inspection, 39 older people with nursing needs were using the service. The service had a registered manager. They had been the registered manager since April 2016. 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.

At the last inspection in September 2016, we rated the service 'Requires Improvement'. This was because we found issues relating to the home environment and people raised concerns about the lack of involvement in planning their care. At this inspection, improvements had been made to address these concerns. We rated the service 'Good' overall, but identified further improvements to auditing were needed to maintain and ensure consistently good practice.

Records were not always well maintained or lacked detail. We identified minor issues relating to the environment and infection prevention and control practices. The registered manager took immediate action to address these concerns during our visit, but more rigorous audits were required to monitor and ensure these improvements are sustained over time. We have made a recommendation about developing auditing and quality monitoring at the service.

People provided positive feedback about the registered manager and the service provided.

People told us they felt safe. Staff were trained to recognise and respond to safeguarding concerns to keep people safe. Care plans and risk assessments provided guidance to staff on how to safely meet people's needs. Accidents and incidents were monitored to identify any lessons that could be learnt to prevent avoidable harm. Sufficient staff were deployed to ensure people's needs were met. Medicines were managed safely, although more information was needed to guide staff on when to administer medicines prescribed to be taken only when needed.

Staff received regular training; supervisions, observations and appraisals were used to monitor their performance and support their continued professional development. Staff told us they felt supported by management.

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

Staff ensured people ate and drank enough and had a good understanding of people's needs and the risks associated with supporting them. We received generally positive feedback about the quality and availability of food on offer. Staff monitored people's nutritional needs and responded appropriately to minimise the risk of dehydration or malnutrition.

Staff monitored people's health and well-being and sought advice from healthcare professionals where necessary. The environment was adapted for people who may be living with dementia or a physical disability. We spoke with the registered manager about using dementia friendly menus at mealtimes.

Staff were kind and caring, respected people's privacy, and supported people to maintain their dignity. People were supported to make decisions and have choice and control over their daily routines.

Activities coordinators arranged a varied programme of activities and supported people to engage in meaningful activities.

Care plans contained person-centred information about people's needs and guidance to staff on how best to support them. People were involved in planning their care and support.

Staff explored people's wishes about how they would be cared for at the end of their life.

The provider had systems in place to respond to complaints about the service.

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.

Sufficient staff were deployed to meet people's needs.

Staff provided support for people to take their prescribed medicines.

Care plans and risk assessments provided guidance for staff on how to safely meet people's needs.

Regular health and safety checks ensured the safety of the home environment. The registered manager took action to address minor practice issues relating to infection prevention and control.

Is the service effective?

Good ●

The service was effective.

Staff completed regular training to ensure they had the skills to meet people's needs.

We received generally positive feedback about the food provided. Staff supported people to ensure they ate and drank enough.

Staff worked with healthcare professionals and sought advice and guidance from them when necessary.

Staff sought people's consent in line with legislation and best practice guidance.

The environment was adapted to meet people's needs.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and were caring.

People had choice and control over their daily routines.

Staff supported people to maintain their privacy and dignity.

Is the service responsive?

The service was responsive.

Staff provided person-centred care. Care plans were person-centred and evidenced people were involved in planning and making decisions about their care and support.

Regular activities provided an opportunity for meaningful stimulation.

The provider had systems in place to gather feedback and respond to complaints.

Good ●

Is the service well-led?

The service required improvement to be well-led.

More rigorous audits and quality monitoring were needed to continually identify and address minor practice issues.

People who used the service and staff told us the registered manager was approachable.

The registered manager was responsive to feedback and committed to continually improve the service.

Requires Improvement ●

St Catherine's Care Home

Detailed findings

Background to this inspection

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

Inspection site visits took place on 13 and 15 December 2017 and were unannounced. The inspection was carried out by two inspectors and two experts by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service. The experts by experience who supported this inspection were specialists in care for older people and people living with dementia. They spoke with people who used the service and visitors to gather their feedback. They also observed interactions including the care and support provided in communal areas and with activities.

Before our inspection, we reviewed information we held about the service, which included notifications. Notifications are when providers send us information about certain changes, events or incidents that occur which affect their service or the people who use it.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority adult safeguarding and quality monitoring team to ask if they had any relevant information to share. We used this information to plan our inspection.

During the inspection, we spoke with 11 people who used the service and 11 visitors, which included people's families, friends and health and social care professionals. We spoke with the registered manager and five members of staff. We had a tour of the premises and, with people's permission, looked in their bedrooms. We observed the care and support provided in communal areas as well as support with activities and at mealtimes.

We reviewed five people's care plans and risk assessments, medication administration records, three staff recruitment, training and supervision records, meeting minutes, audits and a selection of records relating to

the running of the service.

Is the service safe?

Our findings

At our last inspection in September 2016, we identified the service required improvement to be safe. This was because there were issues relating to the environment, including problems with maintaining a comfortable ambient temperature and carpets which were worn.

At this inspection, the service was maintained at a comfortable temperature and regular checks were completed to monitor and ensure this. The home environment was generally clean and well-maintained.

Staff completed infection control training and wore gloves and aprons to minimise the risk of spreading germs. People provided positive feedback about the cleanliness of the service. Comments included, "I can't fault it, there's never a dirty window" and "I like to know it's clean, they mop the floor, get the cobwebs down and polish my pictures."

The home environment was generally clean and free from malodours, but we noted waste had not been stored appropriately in bins outside the service. Other minor issues included basins for washing people's hair, which had been stored on top of commodes, equipment which had been cleaned, but then stored on the floor and pressure cushions, which had not been named. A pallet of bread from the kitchen was found outside on the floor. The registered manager took immediate action in response to our concerns, but we spoke with them about the importance of completing more rigorous audits of the home environment to continually identify and address these practice issues. We have further addressed these concerns in the Well-Led domain.

People felt the service was safe. They told us, "I've never seen anything that has concerned me", "I feel safe here" and "I like living here." A relative commented, "My relative is very safe here. We visit every other day and are really impressed with how staff support the residents."

Staff received training and understood how to identify and report safeguarding concerns. Records showed safeguarding concerns were appropriately referred to the local authority safeguarding team and action taken to keep people safe.

Staffing levels during the day consisted of one nurse, one care coordinator and three care assistants on each of the service's two units. Other staff on duty included chefs, domestic assistants, an administrator and two activities coordinators. At night one nurse, one care coordinator and three care assistants were on duty. Rotas for the four week period before our visit showed staffing levels were maintained at this level with other members of the team or agency staff used where necessary to cover gaps in the rota.

Staffing levels were determined by a dependency tool and changed depending on how many people were using the service. For example, on the first day of our inspection, an extra member of staff was on duty to support with a new admission that afternoon.

We received generally positive feedback about staffing levels. A person who used the service said, "The staff

work quickly, but they don't rush. They take it steady and give me time. I couldn't have a better home." Visitors told us, "Staffing levels seem fine, I can always find someone if I need to speak with them. There is always someone around", "Staffing levels are always good. Staff immediately 'hone in' on any residents if there is a problem" and "Carers are always quick to respond to people's needs."

There were systems in place to ensure people had access to a call bell to request assistance in an emergency. Staff were readily available to meet people's needs and responded quickly to people's call bells or if they asked for assistance. Staff monitored people in communal areas and intervened where necessary to provide support or defuse situations. We spoke with the registered manager about continuing to monitor staff deployment at lunchtimes on Mews as we found it was particularly busy and challenging for staff on the first day of our inspection. On the second day of our inspection, we saw staff deployment was effective and lunch was served in a relaxed and effective way.

A record was kept of any accidents or incident that had occurred. These records included details of what had happened and how staff had responded. The registered manager completed audits of accident and incidents to make sure staff had responded appropriately and to identify any patterns or trends with a view to preventing a similar reoccurrence.

Staff supported people to take their prescribed medicines. Where this was the case, care plans and risk assessments were used to guide staff on the support required and staff completed Medication Administration Records (MARs) to document medicines administered.

Staff responsible for administering medicines had regular training. The registered manager ensured observations were completed to evidence staff were competent and safe with the support they provided. The provider had an up-to-date medicine policy and procedure to provide further guidance to staff on the safe management of people's medicines.

People who used the service gave positive feedback about the support provided with their medicines. Comments included, "I get my tablets twice a day" and "If I need a painkiller, they bring it quickly." A relative said, "They get their tablets on time, which is very important for Parkinson's disease."

Protocols for medicines prescribed to be taken only when needed did not consistently contain important information about the person, the dosage or guidance for staff on the circumstances in which the medicine should be administered. The registered manager acknowledged this and took immediate action to update these records during our inspection.

The provider completed appropriate checks to help ensure suitable staff were employed. New staff completed an application form, had an interview and provided references. Staff had a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions and are designed to prevent unsuitable people from working with adults who may be vulnerable.

The registered manager regularly checked with the Nursing and Midwifery Council (NMC) to ensure the nurses employed had active registrations to practice.

People had care plans and risk assessments to guide staff on how to safely meet their needs. For example, where people were at risk of falling, a risk assessment outlined the support required to maintain the person's independence whilst promoting their safety. Other risk assessments included guidance about how to manage risks associated with personal care, skin integrity, meals and drinks and in relation to the support provided with medicines. Risks assessments demonstrated people's needs were continually assessed and

actions taken to promote and maintain people's safety.

The registered manager ensured on-going checks and regular maintenance were completed to monitor the safety of the home environment. Certificates evidenced the electrical installation, portable electrical appliances, gas installation, nurse call bell, passenger lift and hoists and slings were all tested and serviced at appropriate intervals. Bed rails and window opening restrictors were checked to ensure they remained safe and fit for purpose.

A fire risk assessment had been completed and the fire system, emergency lighting and extinguishers had all been checked and serviced at regular intervals. The registered manager held fire drills to make sure staff knew how to respond in the event of a fire.

Personal Emergency Evacuation Plans (PEEPs) documented the level of assistance people who used the service would need to evacuate the building in the event of an emergency. The provider had a business continuity plan outlining how they planned to continue meeting people's needs in the event of an emergency such as a fire, flood or loss of gas or electricity within the service.

Is the service effective?

Our findings

People gave generally positive feedback about the staff who supported them. Relatives told us, "I've no concerns about any of the staff. They are all really, really good" and "They are very professional and very helpful."

New staff completed an induction aligned to the Care Certificate, a nationally recognised set of standards for people working in health or social care. New staff then shadowed more experienced workers to develop their confidence and practical skills.

Staff completed a range of training to equip them with the skills needed to carry out their roles effectively. Staff were positive about the training and learning opportunities available to them; telling us, "We get a lot of training here", "There has been a lot of support and training" and "I think the training is very good and very informative."

The registered manager shared a 'training matrix', which recorded all training staff had completed and highlighted where refresher training was needed to update staff's knowledge. This identified some training needed to be completed or updated. For example, seven out of 54 staff needed to complete adult safeguarding training and eight staff needed to complete training on diversity, equality and inclusion. The registered manager showed us courses were regularly scheduled throughout the year and systems were in place to communicate to staff when training needed to be updated.

Staff had supervisions and annual appraisals to monitor their practice and support their continued professional development. Supervisions took the form of one to one meetings as well as observations, with feedback provided on what staff did well and any areas of their practice they could improve. There was a system to monitor supervisions and appraisals completed to identify when these were due or overdue.

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. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We observed staff asked people's permission before providing care and support. Staff understood the importance of consent and respected people's rights to make their own decisions. Care records contained clear evidence that staff explored people's mental capacity and made best interest decisions on people's behalf where necessary.

The registered manager had appropriately identified situations which may amount to a deprivation of someone's liberty and submitted authorisations to the supervisory body. This showed us people's rights were protected.

People told us they enjoyed the food available. Comments included, "The food here is good, I choose what I want to eat", "The food is excellent" and "There's plenty of food and drink." Relatives said, "Staff are constantly monitoring food and drink intake here. They provide snacks in between meals if our relative is not eating" and "[Name] likes the food here. They have put on weight since arriving; they were on a fortified diet for a while." Although feedback about the food was largely positive, two people told us the quality of the meat could be improved and felt they would like more choice at mealtimes.

We observed meals being served in the communal dining rooms on both Harewood and Mews. People were offered a choice and supported to decide what to eat and drink. Adapted crockery and cutlery was available to promote and maintain people's independence. Staff were knowledgeable about people's dietary requirements and prepared thickened drinks or ensured people had pureed food where necessary. Where people ate and drank independently, drinks and jugs of water were left in accessible places in their bedrooms.

People were regularly weighed to monitor for weight loss or weight gain. Where it was not possible to weigh people, other indicators were monitored to identify issues with weight loss. Audits were completed to monitor issues with weight loss and appropriate action taken to report concerns.

The environment had been adapted for older people and people who may be living with dementia. Corridors were wide and easily accessible for people with limited mobility. Pictorial signage showed the way to the toilet, sitting areas and the dining room to help people independently move around the service. A blackboard menu recorded meal choices for the day, but we spoke with the registered manager about using pictorial 'dementia friendly' information to help people understand what food was on offer.

The service had a well-maintained and easily accessible garden for people to use and enjoy. We noted people's rooms had been personalised so they were more comfortable and homely, but found some people's rooms were sparse and would have benefited from more personalisation to make them more homely and comfortable.

Staff supported people to access healthcare services. A relative told us, "They always get the GP quickly for [Name]. One day when I visited, they could see I wasn't well and arranged a GP appointment for me too."

People's care records included information about their physical health and medical history and a 'hospital passport' to ensure important information was shared with staff in the event of an admission to hospital.

Staff regularly consulted with healthcare professionals, including people's G.P, dieticians, physiotherapists, speech and language therapists, chiropody and opticians. For example, where people had complex needs relating to their skin integrity, staff had sought advice and guidance from a tissue viability nurse on how best to manage and meet that person's needs.

Is the service caring?

Our findings

People told us staff were caring and treated them with kindness. Feedback included, "The staff have humanity; that human touch" and "Staff are very kind, they are all nice to me." Relatives commented, "The staff all seem very caring. I think they have empathy with the people living here" and "The staff's attitude is wonderful."

Staff were polite and kind towards people who used the service throughout our inspection. We saw numerous friendly conversations and good interactions, which demonstrated staff cared about the people they supported. Where people became anxious, unsettled or distressed, staff were quick to intervene and provide kind and calming reassurance. Staff used people's preferred names and spoke with them in a way which showed they knew the person and had developed a friendly and caring relationship with them.

We saw staff took time to speak with people wherever possible and acknowledged them as they moved about the home and carried out tasks. People responded warmly towards staff showing us they valued their companionship.

Staff supported and encouraged people to make decisions and express their wishes and views. People told us staff listened to them. One person commented, "I feel in control. If I don't want something they don't force it on me." We observed staff offered people choices and took proactive steps to support people to make decisions. For example, staff showed people options at mealtimes to help them decide what to eat. Where activities were on offer, people were invited and encouraged to join in, but staff respected people's decisions if they did not want to participate. This showed us staff understood the important of giving people choices and respected people's decisions.

Staff spoke with people in a respectful manner and tone. We observed people's doors were closed whilst staff were supporting them and staff knocked before entering people's rooms. A person who used the service confirmed this saying, "They knock before they come into the room and they draw the curtains even though there's no one who can see." Staff were mindful of people's confidentiality and ensured conversations were not overheard, but we spoke with the registered manager about ensuring the 'nurses station' remained locked when not in use to prevent access to people's care records. The registered manager agreed to address this.

Our conversations with staff showed us they understood the importance of maintaining people's privacy and dignity. Staff described closing people's doors and curtains when assisting with personal care and told us they made sure people remained covered up wherever possible. Relatives provided positive feedback about the support staff provided to maintain people's privacy, dignity and told us they felt staff treated people with respect. Comments included, "Staff treat residents as individuals, they know everyone by name" and "Staff really care about people. They support them to be independent and are very good at maintaining privacy and dignity." This showed us staff respected people's privacy and promoted their dignity.

Is the service responsive?

Our findings

At our last inspection in September 2016, we identified the service required improvement to be responsive. This was because people were not always involved in planning their care and the support provided at lunchtimes was not consistently person-centred.

During this inspection, we found improvements had been made. People told us they received person-centred care. One person commented, "The staff working here are very nice and very helpful." Relatives said, "The staff treat our relative as an individual. They receive personalised care and staff understand their needs", "Staff go that extra mile for residents. It gives us a great sense of well-being when we leave here" and "My relative always receives help when they need it. Staff understand their needs."

Staff were knowledgeable about people's needs and understood what was important to them. A relative of someone who used the service said, "Staff don't need to refer to notes, they all know our relative's likes and dislikes."

People's care plans contained person-centred information about their needs and how they liked to be supported. They included information about people's family history, hobbies and interests as well as likes and dislikes around meals or related to their personal care. Risk assessments were in place reflecting people's needs and the support they required. Following feedback at the last inspection, staff completed 'care plan involvement records' to document people's involvement in planning and reviewing the care and support provided. Care plans included information about people's choices and preferences further evidencing they, and the people important to them, were involved in planning the care and support. Relatives confirmed this saying, "They spoke to [Name] about their likes and dislikes and it's in their care plan. The care plan is holistic" and "Staff listen to what we wanted and asked our views. We are very happy with the communication here."

Where people had complex nursing needs, care plans and risk assessments were in place to support staff to provide person-centred care. For example, one person who used the service was at risk high risk of choking. Their care plan and risk assessment included detailed information about the specialist diet they were prescribed and how to prepare this as well as information about a suction machine, which was used to maintain a clear airway. Staff we spoke with understood that a nurse was required to assist this person at mealtimes.

Staff completed daily notes to record the care and support provided. Additional monitoring charts were in place to ensure people's nursing needs were met. These included for example, food and fluid monitoring charts and records to ensure people were repositioned regularly to minimise the risk of developing problems with their skin integrity.

Staff received training on death, dying and bereavement. People's wishes relating to end of life care were recorded in their care records and Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders were in place where requested or appropriate. A relative explained how they had been invited to the service to

attend a meeting with staff and their relative's G.P to discuss their end of life wishes and planning.

Staff supported people to maintain important relationships by welcoming and encouraging visitors to the service. People regularly visited the service throughout our inspection and staff were warm and accommodating to them. People who used the service confirmed this. One person said, "I get plenty of visitors who are always made welcome." A visitor told us, "We are made welcome. Staff also provide plenty of emotional support to family too."

The provider employed activities coordinators to arrange and lead on activities within the service. We received positive feedback about their work and the range of meaningful activities available to people who used the service. Comments included, "They have lots of activities going on here. There have been singers, animals coming in and staff sing and dance with residents too" and "They make good use of the gardens in the summer. Residents can go outside, there's a big canopy so they are out of the sun. Staff put sun block on everyone."

On the day of our inspection, we observed the activities coordinator supported 17 people to make gingerbread people and ice them. They were skilled at involving people and used adapted equipment to enable everyone to participate, if they wanted to. We observed other activities included making Christmas decorations and singing and dancing with staff. There was a very positive and happy atmosphere throughout these sessions and we saw people thoroughly enjoyed the good conversations and interactions facilitated by the activities coordinators. In a communal lounge we observed people looking at a selection of books and magazines. The television was turned on quietly and staff were seen sitting and talking with people. An activities calendar showed daily sessions were scheduled to provide meaningful activities and stimulation.

The provider had a procedure which outlined how complaints about the service would be managed and responded to. Information about how to complain was displayed in an accessible format in communal areas within the service. This ensured people who lived there and visitors had information about who to speak with and how to raise concerns.

People who used the service told us they felt able to speak with staff and management if they had any concerns. Relatives said, "They have been absolutely great. If you have any concerns they always seem approachable" and "I always feel if I do have a concern, it is acted upon." Records of complaints showed the registered manager took action in response to concerns to further investigate and to try and resolve the issue.

Staff had received a number of compliments about the care they provided. Recent compliments included, "I am delighted [Name] is in the hands of such a professional, but exceptionally kind team" and "A big thank you for all you do for [Name]. I really appreciate the work everyone does to make them and all the other residents happy."

Is the service well-led?

Our findings

The service had a registered manager. They were supported by a deputy manager, clinical lead, nurses and care coordinators in the management of the service.

A wide range of audits were completed to regularly monitor the quality of the care and support provided. However, during the inspection, we identified a number of minor environmental or infection prevention and control issues. This included overflowing bins outside the service and bread which was stored on the floor. We found other minor maintenance or practice issues, which had not been identified and addressed despite regular environmental checks and audits. This showed us audits and quality monitoring needed to be more critically and robustly used to identify and address poor practices.

We found inconsistencies in the quality of record keeping. Wound care records relating to minor skin tears or injuries did not consistently include information about where the wounds were, what they were being cleaned and dressed with and had not always been updated over time. Records did not always evidence what action had been taken when people had not met their target daily fluid intake. Protocols relating to the management of medicines prescribed to be taken only when needed contained insufficient information and detail.

The registered manager immediately responded to our feedback and took action during the inspection to address our concerns. This showed us they were committed to improving the service. However, we recommend they continue to improve how audits are used to ensure consistently high standards are maintained.

People who used the service gave positive feedback about the service. They told us, "It's a very nice place to be. The staff are extremely knowledgeable and there's plenty going on. It's impressive" and "You couldn't get a better place. It's spotlessly clean, staff answer the bell in five minutes and they are very good carers."

Relatives told us, "We are more than happy with the home. I can't find a fault with it, nothing is ever too much trouble...I wouldn't hesitate in recommending it to anyone", "There's a positive culture, it's a nice, warm, friendly place" and "I have been more than pleased with how they have looked after [relative's name]."

People told us the registered manager was approachable, listened to their feedback and responded to their concerns. Staff told us, "Management will bend over backwards to help staff. It is an open door policy, you can go anytime and speak with managers, they always listen to you and help you", "I think they are very approachable and if there are any concerns they act upon them" and "If I have a problem the management are there for me. If there is any conflict I can go to them and it is dealt with." One member of staff said, "They are open to try anything, they said if I saw anything that could work better to come forward and say."

We saw evidence of changes the registered manager had made, and planned changes due to be introduced. For example, the registered manager showed us information about a new supervision and appraisal process

that was due to be implemented. This showed us the registered manager and provider were continually seeking to improve and develop the service.

The registered manager held 'resident and relative meetings' to share information about the service and provide people with an opportunity to discuss any issues or concerns and to provide feedback. Minutes from meetings showed information was shared about the provider's complaints policy and feedback was encouraged.

The provider completed an annual questionnaire to monitor the quality of the care and support provided and to gather feedback from people who used the service. This was last completed in January 2017 and 12 responses had been received. The results had been collated and analysed and an action plan put in place to address specific comments.