Libatis Limited

Barton House

Inspection report

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Dawlish
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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

Barton House is a registered care home in Dawlish for up to 15 people who require accommodation and support. It does not provide nursing care; this is provided by the community nursing team. This was the first inspection the home has received as the home reregistered in July 2015 as a limited company.

At the time of the inspection there were 14 people living at the service. Some of these people were living with Dementia. During our inspection we observe red a calm and relaxed atmosphere in the home and we saw staff interact with people in a friendly and respectful way.

People, staff and health care professionals told us they were happy with the care being provided at the home. People's needs had been assessed prior to them moving into the home. Each person had a care plan which had been developed by staff with their and their relatives' input. These care plans contained information about each person's needs and how staff should meet these. Staff spoke confidently about people's individual care needs and how they met these. Staff were knowledgeable about the people they were caring for. They described people past histories and their preferences.

People were treated with kindness, compassion and respect. Relatives said they felt the home was safe and secure. Staffs knew people well and were friendly and supportive. People received care and support at a pace and time convenient for them because staffing levels were sufficient. Staff sought people's consent for their day to day care.

Staff knew how to recognise and report the signs of abuse and had received training in safeguarding people. They were confident about how to raise concerns if they were concerned about anyone.

Staff received relevant training for their role and there were opportunities for on-going training, support and development. There was enough staff on duty when we inspected to care for the people who lived there.

Recruitment systems were in place; new employees underwent the relevant pre-employment checks before starting work. Staff had completed an application form. One of these did not contain a lot of detail relating to the dates that the person had worked. The registered manager had not explored these gaps. However this was actioned immediately when we pointed this out .
There was a good system in place for ordering, storing and returning medicines, although no checks were carried out to ensure medication was being stored at the correct temperature.

Chemicals were not always being stored in a safe way. However this was actioned immediately when we pointed this out as a potential risk

A number of different activities were provided by the service and included activities which met people's specific interests.

Meals were appetising and people were offered a choice in line with their dietary requirements. People told us they enjoyed the food.

People and the relatives we spoke with were aware of how to make a complaint and all felt they would have no problem raising any issues. There was a management structure in the home which provided clear lines of responsibility and accountability. The registered manager showed a great enthusiasm in wanting to provide the best level of care possible. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people.

The premises and equipment were maintained to ensure people were kept safe. There were infection control measures in place to protect people and the home was clean and hygiene People living at the home, their relatives and the staff all told us they felt there were sufficient staff on duty to meet people's care needs. At the time of the inspection we found there were sufficient staffs on duty. In addition to the registered manager, there was three care staff on duty as well as housekeeping and catering staff.

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

The manager took action during our inspection to ensure recruitment practices were more robust.

People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns.

People were supported by sufficient numbers of staff to meet their needs.

Is the service effective?

Good

The service was effective.

Staff had completed training to give them the skills they needed to ensure people's individual care needs were met.

People's health needs were managed well, they saw health and social care professionals when they needed to and staff followed their advice.

People's rights were supported because staff understood their responsibilities in relation to the Mental Capacity Act (MCA) (2005) and Deprivation of Liberty Safeguards (DoLS) and used these in their practice.

Is the service caring?

Good

The service was caring

Staff were kind and compassionate and treated people with dignity and respect. When people were in any pain or distress, the staff managed it well.

Staff knew the people they supported, their personal histories and daily preferences.

People were asked about where and how they would like to be cared for when they reached end of life. Relatives and professionals commented on the excellent care people received

at the end of their lives

Is the service responsive?

Good

The service was responsive

People knew how to raise any issues or concerns. They were confident these would be addressed.

Staff knew people's preferences and how to deliver care to ensure their needs were met.

People benefited from meaningful activities which reflected their interests and their social needs.

Visitors were always made to feel welcome and encouraged to visit at any time.

Is the service well-led?

Good

The service was well led

The registered manager had good quality monitoring systems in place. People, relatives and staff were asked their views and these were taken into consideration in how the service was run.

Everyone spoke positively about communication at the service and how the registered manager worked well with them. We saw an open and honest culture

The registered manager undertook the d

Barton 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 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 6 and 13may 2016 and was unannounced. Two social care inspectors undertook the inspection on the first day and one on the second.

Before the inspection we reviewed information we held about the service. This included previous contact about the home and notifications we had received. A notification is information about important events which the service is required to send us by law.
We met and spoke with six people who lived at the home and four visitors, as well as the registered manager, five care staff, the cook and the housekeeper. Following the inspection, we spoke with two health care professionals and commissioners who had regular contact with the home.
We looked around the premises, spoke to people individually and spent time with people in the communal areas. We observed how staff interacted with people throughout the day, including during lunch. We looked at three sets of records related to people's individual care needs; three staff recruitment files; staff training, supervision and appraisal records and those related to the management of the home, including quality audits. We looked at the way in which medicines were recorded, stored and administered to people.

Good

Is the service safe?

Our findings

People who lived at the service told us they felt safe. People visiting the service told they thought their relative was safe. Staff we spoke to demonstrated that they had a good knowledge of the signs of abuse and what actions to take if they suspected abuse as well as poor practice. Staff were clear about the whistleblowing policy and showed awareness and confidence of when it was appropriate to use it. Staff told us how they would raise a safeguarding concern if they witnessed abuse taking place.

We looked at two staff files. Both members of staff had undergone Disclosure and Barring Service (DBS) checks. Each member of staff had completed an application form. One of these did not contain a lot of detail relating to the dates that the person had worked. The registered manager had not explored these gaps as they should do. In addition, this person had previously worked within the care industry, and the manager had not requested references in relation to that work as they should have done. The registered manager told us they would take immediate action in relation to these issues. By the second day of our inspection, the registered manager had written to the staff member's previous employer to obtain a professional reference.
One person was working in the kitchen at the home as a volunteer for one hour a day. The Manager had carried out a risk assessment but they had not considered the need to carry out more robust checks. However by the date of our second visit, they had asked the person to complete an application form and to provide two references as well as a DBS check. They assured us that the volunteer will not restart work until these checks have been completed.

People living at the home, their relatives and the staff all told us they felt there were sufficient staff on duty to meet people's care needs. At the time of the inspection we found there was sufficient staff on duty. In addition to the registered manager, there were three care staff as well as housekeeping and catering staff. There was two staff on duty at night, one of whom slept in from 10pm but was on hand should they need to be called during the night. Call bells were answered quickly. One person told us they did not have to wait long when calling for assistance. "If I ring the bell they come straight away." Staffing levels were reviewed according the level of people's needs at the time. For example one relative told us that an additional staff member was available to them 24 hours a day at the end of their relative's life, to support the person as well as the family who stayed with their relative, "nothing was too much trouble."
There was a good system in place for ordering, storing and returning medicines. We observed staff giving medicines to people and saw this being done in a caring and compassionate way, which took into account the person's wishes. We checked some stock medicines against records and found these were in order. Staff reported that the room medicines were stored in could become hot. Action had not been taken to measure the heat in the room to determine if the temperature went above that recommended for the storage of medicines. Some medicines were stored in the fridge, as they should be. However, staff were not recording the temperature of the fridge to ensure medicines were kept safely. Although there were some medicines stored in the fridge, these were not in current use and staff said they would return them to the pharmacy as per policy. By the second day of our inspection, the registered manager had taken appropriate steps to record temperatures. They had designed a daily log that required staff responsible for the medication that day to record temperatures within the fridge and storage areas, as well as clear instruction about what to do

should those temperatures be outside the recommended storage limits which was clearly listed on the charts.
Records relating to medicines were up to date. Although one record was handwritten and this had not been signed by a second person to show they had checked the prescription. However by the second day of our inspection the manager had made arrangements to rectify this. One person had an over the counter medicine. Staff had contacted the GP to ensure the person could have this. However, they had not consulted with the GP over the correct dosage. By the second day of our inspection staff had contacted the GP again to check the dosage and had ensured the agreed dose was given.
The premises and equipment were maintained to ensure people were kept safe. There were infection control measures in place to protect people and the home was clean and hygienic. The home employed domestic staff who worked four days per week between 9am-1pm. They had the main responsibility for cleaning the home and doing the laundry. Soiled laundry was appropriately segregated and laundered separately at high temperatures in accordance with the Department of Health guidance. Air fresheners throughout the building released freshener at intermittent periods which meant that home smelled pleasant. Staff used gloves and aprons appropriately. Housekeeping staff had suitable cleaning materials and equipment. The domestic staff told us the owner was happy to supply any cleaning product they needed without question. "I only have to ask for something and I get it." Cleaning fluids were kept in a cupboard in the laundry which only had a child lock on it. Following our inspection the manager has changed the way chemicals were stored and they are now stored in a locked cupboard.
Staff regularly undertook fire safety checks and there were arrangements in place to deal with foreseeable emergencies. Each person had a personal emergency evacuation plan that told staff how to safely assist them in the event of a fire. A central file was held in the reception area of the home which contained individual evacuation plans for all of the people who lived at the service. The monthly checks on the fire doors showed some fire doors were not always closing properly. The manager assured us that plans are in place to resolve this issue and a risk assessment has been completed in the interim which will ensure staff check these doors in the event of a fire
The registered manager told us that staff reported any faults relating to equipment in a book, which was reviewed regularly by the owner, and that they arranged for repairs to be carried out. We saw evidence that this had happened. For example a staff member had logged in the maintenance book a broken spindle on the stairs. This was brought to the owner's attention who then arranged for the repair.
We saw evidence that health care needs were well documented and that referrals to relevant professionals happened in a timely way. For example one person had experienced a number of falls over a relatively short period of time, the record showed that the person's risk assessment and care plan had been reviewed and updated to ensure the person was supported to mobilise in a safe way. Staff had also made a referral to a health professional for a reassessment. Another person's record documented that they were prone to anxiety and stated that staff should provide reassurance. We observed staff providing this reassurance whist we were there.
There was evidence that care plans were reviewed at least monthly. Professional visits were noted in a separate part of people's records. Treatment was also recorded in individual's care plans. For example one person's care plan noted that they required a pro forma mattress, and a pressure cushion, as well as community nursing, to manage monitor and dress their wound.

Good

Is the service effective?

Our findings

People told us they really enjoyed the food, and were offered a good choice and variety. They said the portions were a good size and they had a choice of lots of vegetables. We observed that the quality of food was good with fresh fruit and vegetables regularly on the menu. The cook told us they had plans in place to seek advice from a dietician about how the menus might be further improved.

One person told us that if they did not feel like eating, staff would put their food aside for later or give them something different, giving them choice over what they preferred. Staff told us how they learned what people liked and disliked to eat. They did this by meeting with the kitchen staff after the lunchtime meal to discuss and record what each person has eaten. As well as recording what meals people seemed to enjoy if they are unable to tell staff, this system also identified those people who have a poor appetite. This system had recently identified one person who seemed to lose their appetite. Staff began to record what this person ate and drank. They planned to monitor this closely and to contact the G.P if the matter continued. However the person recovered their appetite before this was necessary. Staff was able to tell us who had lost weight recently and what they were doing to tempt people to eat. One person had been identified through this system and been referred to their G.P, who had prescribed high calorie drinks.

The cook knew about the specialist diets people were on They were able to tell us who needed a specialist diet people's diets. They knew which people were having their food and fluid recorded. They were aware of one person at the end of their life who had been advised by their G.P to be given a special diet The cook was up to date with this latest advice which we saw recorded in the person's care plan.

All staff working at the home had received training relevant to their role and which enabled them to meet people's needs. Training included fire training, health and safety training, first aid training, The Mental Capacity Act and Deprivation of Liberty Safeguards training, safeguarding vulnerable adult's training, end of life care and dementia training. Staff told us they found this training useful as it was all relevant to their work. Staff told us that the management team were very supportive of their own personal development. One staff member told us that they have been supported to study at level NVQ (or diploma) NVQ4. Other staff members were trained to NVQ level 2. The registered manager was also studying for level 5 in Leadership and Management. Domestic staff received the same training as other staff members. The registered manager told us that this allowed some flexibility within the staff group should people's needs change. One experienced member of staff commented that "I have never been offered so much training"

Staff demonstrated real enthusiasm when they described taking part recently in Fire Drill Training. They also described how much they had enjoyed the recent training provided to them on how to deliver good dementia care. They told us the training had given them a real insight into what it could be like to have dementia and how they could best support people. One staff member has been carrying out their own research into activities the staff group could provide by looking on the Alzheimer's website.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 Deprivation of Liberty safeguards (DoLS).

The registered manager told us that a number of DoLS applications had been made and they were awaiting the local authority to carry out the assessments. The home had a keypad system in operation which meant that people could only leave the home if accompanied. However not everyone living at the home had been assessed as unsafe to leave. For these people the keypad number was clearly labelled by the front door ensuring that their legal rights were protected and they were not deprived of their liberty.
Staff told us they have received training on the Mental Capacity Act 2005 and demonstrated a good understanding of understood the principles of people being able to make their own choices. Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards, and of people's rights in relation to this. One member of staff gave a very good explanation of what a Deprivation of Liberty Authorisation allowed them to do.
Care records showed that wide discussions were held with both health care professionals as well as relatives when a best interest decision needed to be made about how to provide care for a person. Relatives told us they were consulted about any change to their relative's care plan including those about how best to provide safe care for the person. Relatives told us that they were fully involved in the persons care. For example one relative told us that "staff phone us the minute something happens".
Staff told us they always asked people's permission before carrying out care. They described this as an informal process which might not be seen as asking consent, but which gave people the opportunity to decline care, or to ask them to come back later. We observed staff doing this during our inspection. For example we observed one person refusing their medication when it was offered. Staff respected this and returned later to try again. They were successful the second time.
People, relatives, health professionals said staff provided a good standard of care and treatment. Health professionals confirmed staff at the home contacted them appropriately and followed their advice and recommendations. A health professional said staffs were always helpful and knowledgeable about the person they were asked to visit. One professional commented positively on how well staff at the home managed some people's complex health needs. We saw evidence that staff were strong advocates for people who lived at the service. An example of this was when a health care professional had been requested to visit to administer specific medication that would relieve the level of pain a person may be experiencing at the end of their life. The response was delayed, which meant that the person may have experienced pain for longer than was necessary. The registered manager persevered, contacting the surgery several times resulting in the medication being delivered and administered without further delay. This meant the person received more timely pain relief. We observed that another person was waiting for an injection for a specific health problem. Again when delayed, staff ensured this was communicated across the staff group in their handover session, as well as their communication book. Staff persevered in contacting the service on more than one occasion. The result was that the person received their medication without further undue delay.
The service had a good relationship with the local G.P practice. The registered manager had set up a weekly clinic with local G.P practice. This Included people having access to a G.P for relatively minor ailments. It also allowed the G.P to really get to know their patients. Normal referral to the G.P practice is also made for more urgent requests.
Storage was an issue. For example in the lounge there were walking frames being stored in the lounge area. This presented as a trip hazard and they needed to be stored away when residents were not using them to prevent people banging into them. The Responsible Manager took immediate action when this was pointed out to them and storage was made available outside of the lounge area.
Good systems of communication were found within the home. Staff took part in a handover when there was a change of shift. Each person was discussed, and any relevant information was handed over to the next shift. For example it was reported that one person required regular turning to ensure that their skin integrity was maintained. The staff member was specific about the next time this should take place. We observed staff carrying out this care at the specified time. Staffs coming on shift were also updated on the medical appointments that were due to take place that day. A communication book was used to record messages between staff as well as to remind staff about people's appointments.

Staff received regular supervision. During supervision, staff had the opportunity to sit down with their line manager to talk about their job role and discuss any issues and further training needs. They also had access to informal support on a day to day basis from the management team. One staff member told us that the management team were "very approachable."

Good

Is the service caring?

Our findings

People told us staff were "kind", "lovely" and "thoughtful". A visiting health care professional said staffs were very caring and that they provided person centred care. Another visiting health care professional told us that "staffs are always very helpful and people always look well cared for. One relative told us "the care couldn't be better. I have never had any concerns about the care my relative receives. Staff is open, honest and can't do enough".

We observed staff to be caring and compassionate. We saw that staff was respectful of people in a relaxed and friendly way. They were able to tell us about each person, their likes and dislikes and about their earlier life. They said they worked hard not to bring their problems to work as they wanted to create a happy place for people to live. One member of staff told us the home was home to the people who lived there, and not a place of work.

Staff knew about people at the home and talked about them with compassion and care. They were knowledgeable about people, their individual care needs and their preferred routines. They were able to tell us who liked to stay up later in the evening, and the kinds of activities individuals enjoyed. A staff member said they liked to take people out for a walk nearby when the weather was fine.

We saw numerous examples of staff interacting and speaking to people in a caring compassionate way. For example when giving medication one staff member spoke softly to the person about what they were doing and what medication was being administered, taking time to chat about other topics whist doing so. Another staff member bent down and spoke in a gentle way to a person to ask if they would like to be supported to use the bathroom, using eye contact and speaking slowly and clearly, reminding the person where they were, using their name, and reminding them what they were doing.

People were asked about where and how they would like to be cared for as they reached the end of their life. We saw evidence of these plans in people's care records. Relatives told us they were encouraged to visit at any time. They said staff kept in regular contact with them provided, updates and were notified straight away if there was an issue. One relative told us (when referring to the end of life care) "staffs were made available throughout the night to offer care and support to the whole family to chat and listen, and the manager is amazing." The registered manager told me that the majority of her staff team had requested time off to attend the funeral of someone who had recently passed away.

One person told us "the staff are lovely. I got a big bunch of flowers from the staff for my birthday." The person has happy and smiling when she recalled this with us. This person had also been given flowers from the garden by one staff member on the day that we were there. These had been placed in front of her on her table. The person appeared to enjoy looking at the flowers and commenting on what kind of flowers they were. This sparked a conversation between people sitting in the lounge.

We observed staff talking gently to people with care and compassion. One member of staff responded immediately when a resident became distressed about losing their mobile phone. They were supported to find it, seeking permission to look in their bag. Staff was reassuring and the person was treated with dignity and respect. Staff immediately realized how important losing the phone appeared to be to the person, as they had become quite distressed. The result was that the phone was located and the person seemed to visibly relax and went on to contact their family.

Some people required the support of staff to use walking aids to assist them with their mobility. Throughout

our inspection we observed staff doing this safely whilst explaining to the person what they were doing, where they were going, and doing so in a calm and unrushed manner

Good

Is the service responsive?

Our findings

People we spoke to know who to talk to if they had any concerns. They told us that they felt they could approach any member of staff including the management team and were confident that they would be listened to. One relative we spoke to told us that they were confident that the management team would respond to any concerns they may have.

We observed the care at Barton House to be responsive to people's needs. Each person had their own individual care record. Everyone's care record involved a pre admission assessment, as well as information relating to a specific care plan that described what their needs were as well as their preferences. These related to a number of different areas including the person's personal care needs such as continence, skincare and nutrition, mental ability, emotional health and wellbeing. Staff were able to find they needed as care plans were well organised. There was evidence that care plans were reviewed at least monthly. Professional visits were noted in a separate part of people's records. Treatment was also recorded in individual's care plans. For example one person's care plan noted that they required a pro forma mattress, and a pressure cushion, as well as community nursing, to manage monitor and dress their wound. Some residents were incontinent. Individual management plans were in place to support each person depending on their needs. Staff were familiar with these plans and supported people to use the toilet in line with their individual plan. We saw that people were supported with dignity and respect. For example staff approached them and discretely asked them if they needed support to use the toilet

We saw evidence of person centred care being provided consistently. For example one person was supported to take their medication while another was given her medication in a pot and was left to take them herself. Staff monitored the person to ensure they did take their medication but in a way that allowed the person to maintain their dignity, showing respect for the persons wishes to maintain control of this part of her care.

One person was supported to sit in a chair in the office during the daytime rather than the main lounge because they liked to do this. Staff made them feel welcome and comfortable providing the person with a foot stool and chatted constantly to them whilst they went about their business. This person seemed happy and content to sit and be part of busy friendly office space.

Another person chose to spend time with a staff member who supported them to read the local newspaper, something they enjoyed and allowed them to keep in touch with their community, as well as use this opportunity to reminisce.

People's rooms were personalised with things that were meaningful to them. For example, one person who had moved in recently was gradually going through their belongings with staff to decide what they wanted to keep. Their room was filled with personal possessions, including family photographs, books and ornaments they had collected throughout their life. Another person had photographs as well as a number of birthday cards on display.

Staffs were responsible for activities as part of their overall duties. We saw evidence that a survey had been completed by people living at the service, where they were asked what kind of things they would like to do. The outcome of the survey was used to plan activities which were both formal and informal. These included a regular visit from a hairdresser, and a person who did art and crafts with people. The crafts produced were hung around the home making it seem homely and cheerful. An outside accordionist visited regularly to play for people. Another person visited to play the ukulele. We saw that in addition, activities took place

each morning with individuals according to their choice. A scrabble card game was taking place with people in the lounge when we were there. People were laughing and smiling with staff about the words they chose and this prompted conversation between people who seemed to enjoy the activity. One staff member told us she had used Alzheimer's website to look for activities which people with a dementia might enjoy. One person was supported to go out for a walk whilst we were at the home. Another was supported to write a letter to their lifelong friend. This gave the person the opportunity to discuss her past with the staff member. The person was happy and smiling whilst being supported to do this, recalling how long they had known one another and generally having a conversation about the relationship. Two people sat reading the daily newspaper which they appeared to be enjoying. One person had her own newspaper delivered and staff chatted in the lounge about news topics of the day. This meant that other residents were able to join in the conversation

A new assessment form was designed to ensure that health needs were identified and specified during the pre-admission stage. We saw evidence that families and relevant professionals were also included in this pre admission assessment. The home had been working with the local authority The walls at Barton House were decorated by various pieces of art and craft work that the residents had been involved in making with an outside person who visited regularly. This made the environment appear cheerful. This made the environment appear homely and cheerful.

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Good

Is the service well-led?

Our findings

Our findings
Staff told us the registered manager and the owner had high expectations about how care should be delivered and modelled this within the service, leading by example. Staff said they felt able to ask for anything and that the management team were approachable and helpful. They said because they felt valued, they in turn were more inclined to value the people they supported and their families.
We asked both staff and relatives what they thought the home did well and what could improve. Without exception they all told us the care and support was person centred and excellent. The management team held both regular staff and residents meetings, which were an opportunity to share ideas and information about how the home could best meet people's needs.

Staffs were positive when asked about the level of support they received in carrying out their roles. For example one staff member told us "We are a good team and support each other". Another staff member told us "we are like a family, I love working here." We observed a team of staff who appeared happy and smiling as they went about their work. The home is relatively small and had a homely feel and a culture of home from home. One person told us that "it's not home but it is the next best place."

Relatives commented on the general state of the décor. We observed that the home was in need of some refurbishment and the lounge was small. The front porch was in need of some repair, the paint was peeling away from the woodwork. The registered manager explained there were real restrictions on making structural changes to the building as it is a Grade 2 listed. They were awaiting a quote from the maintenance person who supported the home to find out the cost of repairing the porch. The registered manager told us they are continuously trying to make adaptations in an attempt to achieve maximum space. For example they have rearranged the lounge recently, however, had reverted back as staff and people preferred the original layout because people were able to sit by the windows and door which opens out onto the garden. The home owner had recently purchased a number of smaller chairs which has given some additional space in the lounge. They have also purchased a number of hospital beds, pressure relieving mattresses and cushions in recognition that people now coming to live at the home may have an increased level of need. They told us that they prioritise spending on equipment like this over the décor. All rooms are checked for redecoration and maintenance when people left. One room recently had a floor re concreted when one person left. Another person has a new carpet waiting to go into their room but the management team are holding off on this as the person is currently unwell and they do not want to disturb the person at this time. Recently the home has had a shower room refurbished which has been changed into a wet room.

The registered manager kept systems to manage and review aspects of the homes operational functions. For example regular monthly checks were carried out on various aspects of the homes health and safety checks reviews of accidents, and incidents, complaints, accidents and incidents were monitored for themes and trends. Regular reviews were carried out on the training for staff and updated as necessary. Records of monitoring in the kitchen showed staff was using the 'Safer Food, Better Business' system. Food preparation facilities are given a rating from 0 to 5, 0 being the worst and 5 being the best. The last environmental health visit had given the home a rating of 5.

The Registered Manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities. They kept up to date with best practice and developments through networking with other providers so that they could learn from each other.
One complaint was made about the advice of visiting professionals not previously being followed. The home had responded by holding a meeting with commissioners in order to respond and learn from this complaint.
Team meetings were minuted. As a result a
Quality and Improvement Team to improve their systems of recording people's needs in care plans. The Quality and improvement Team commented that the management team had been open and honest during the development of this work.
There was an effective quality monitoring system in place which was used to review and improve the service. The management team met regularly to discuss operational issues and how the service could be improved.