

Mrs Janet Pinington

Park View Residential Home

Inspection report

95 Regent Road,
Morecombe
Lancashire
LA3 1AF
Tel: 01524 415893
Website: www.example.com

Date of inspection visit: 13 & 17/04/2015
Date of publication: 22/06/2015

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 

Overall summary

This inspection was carried out on the 13 and 17 of April and was unannounced.

We last inspected Park View Residential Home in January 2014 and identified no breaches in the regulations we looked at.

Park View Residential Home is a care home providing personal care and accommodation for up to 11 older people. It is located in a residential area of Morecambe

within easy reach of the promenade and local amenities, such as a public house, church, park and shops. Morecambe town centre is easily accessible and local bus and taxi services are nearby.

There are communal and dining areas on the ground floor. Bedrooms are located on the ground floor and the first floor, which is accessible by a stair lift for the less mobile. One bedroom has en-suite facilities and bathrooms and toilets are available on both floors. There

Summary of findings

are a range of aids and adaptations in place to meet the needs of people living at the home. On road parking to the front and side of the home is permitted. At the time of the inspection there were 11 people living at the home.

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

We found processes to ensure that people's freedom was not inappropriately restricted were in place and the registered manager was seeking further advice regarding this. The registered manager was in the process of arranging training for staff in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards to strengthen staff knowledge in these areas.

During the inspection we saw people were supported to be as independent as possible. We observed staff responding to people with compassion and empathy and people were seen to be engaging with staff openly. We saw evidence that when appropriate, people were referred to other health professionals for further advice and support. Staff were knowledgeable of people's assessed needs and delivered care in accordance with these. There were sufficient numbers of staff on duty to meet people's needs.

People told us they liked the food provided at Park View Residential Home and we saw people were supported to eat and drink sufficiently to meet their needs.

The staff we spoke with were knowledgeable of the reporting processes in place if they suspected people were at risk of harm or abuse.

There were arrangements in place to ensure people received their medicines safely and staff were knowledgeable of these. We saw medicines were provided in a safe way.

We observed people engaging in activities and staff were respectful of people's wishes.

This inspection was carried out on the 13 and 17 of April and was unannounced.

We last inspected Park View Residential Home in January 2014 and identified no breaches in the regulations we looked at.

Park View Residential Home is a care home providing personal care and accommodation for up to 11 older people. It is located in a residential area of Morecambe within easy reach of the promenade and local amenities, such as a public house, church, park and shops. Morecambe town centre is easily accessible and local bus and taxi services are nearby.

There are communal and dining areas on the ground floor. Bedrooms are located on the ground floor and the first floor, which is accessible by a stair lift for the less mobile. One bedroom has en-suite facilities and bathrooms and toilets are available on both floors. There are a range of aids and adaptations in place to meet the needs of people living at the home. On road parking to the front and side of the home is permitted. At the time of the inspection there were 11 people living at the home.

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

We found processes to ensure that people's freedom was not inappropriately restricted were in place and the registered manager was seeking further advice regarding this. The registered manager was in the process of arranging training for staff in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards to strengthen staff knowledge in these areas.

During the inspection we saw people were supported to be as independent as possible. We observed staff responding to people with compassion and empathy and people were seen to be engaging with staff openly. We saw evidence that when appropriate, people were referred to other health professionals for further advice and support. Staff were knowledgeable of people's assessed needs and delivered care in accordance with these. There were sufficient numbers of staff on duty to meet people's needs.

Summary of findings

People told us they liked the food provided at Park View Residential Home and we saw people were supported to eat and drink sufficiently to meet their needs.

The staff we spoke with were knowledgeable of the reporting processes in place if they suspected people were at risk of harm or abuse.

There were arrangements in place to ensure people received their medicines safely and staff were knowledgeable of these. We saw medicines were provided in a safe way.

We observed people engaging in activities and staff were respectful of people's wishes.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were systems in place to ensure safeguarding concerns could be reported appropriately and staff were knowledgeable of these.

There were arrangements in place to ensure people received medicines in a safe way.

We found staffing levels were sufficient to ensure people's safety and meet their needs. Also people were protected from unsuitable personnel working in the home because the recruitment procedure they had in place was followed correctly.

Good



Is the service effective?

The service was effective.

Processes to ensure that people's freedom was not inappropriately restricted were in place. Staff were able to explain their understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards and how this related to people living at the home.

People were enabled to make choices in relation to their food and drink and were supported to eat and drink sufficient amounts to meet their needs.

People's health was monitored and referrals made to other health professionals to ensure care and treatment met their needs.

Good



Is the service caring?

The service was caring.

We saw staff provided support to people in a kind way. Staff were patient when interacting with people who lived at the home and people's wishes were respected.

Staff were able to describe the likes, dislikes and preferences of people who lived at the home and care and support were individualised to meet people's needs.

People's privacy and dignity were respected.

Good



Is the service responsive?

The service was responsive.

People were provided with and encouraged to engage in activities that were meaningful to them.

There was an effective complaints policy in place to enable people to raise concerns if they wished to do so.

Good



Is the service well-led?

The service was well – led.

There were systems in place to ensure any shortfalls were identified and improvements made. People were able to give feedback on the service provided.

Good



Summary of findings

Staff were supported by their manager. The manager worked closely with staff to ensure the home provided a good service to people who lived at Park View Residential Home.

Park View Residential 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 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 was carried out on the 13 and 17 of April by one adult social care inspector.

Prior to the inspection we reviewed information the Care Quality Commission (CQC) holds about the home. This included any statutory notifications, adult safeguarding information and comments and concerns. This helped us

plan the inspection effectively. We also contacted a member of the local commissioning authority to gain further information about the home. We received no negative feedback.

During the inspection we spoke with eight people who lived at Park View Residential Home, three relatives, five care staff, the registered manager and the deputy manager. We also spoke with three visiting health professionals.

We looked at all areas of the home, for example we viewed lounges, people's bedrooms and a communal bathroom. At the time of the inspection there were 11 people resident at the home.

We looked at a range of documentation which included five care records and two staff files. We also looked at a medicines audit, a health and safety audit and a sample of medication and administration records.

Is the service safe?

Our findings

We asked people if they felt safe. Comments we received included, “I’m safe because I’m here, they look after me well.” And “Of course I’m safe. There’s not one person here who’s unkind.” Also “Yes I feel safe.” Another person said, “Yes, and that’s because of the staff here.” The relatives we spoke with also told us they felt their family members were safe.

The care records we viewed showed us individual risk assessments were carried out as required. For example, we saw if people used the stair lift to access the first floor of the home, an assessment was in place to ensure risks were minimised. During the inspection we observed people accessing the first floor and saw staff followed the guidance in the risk assessments. This helped ensure people’s safety was maintained. We saw also saw staff responded to naturally occurring risk promptly to ensure the safety and wellbeing of people who lived at Park View Residential Home. We saw one person had recently received mobility equipment that was unfamiliar to them. We observed staff reminding the person to use the equipment and demonstrating how it should be used. Staff observed the person and offered encouragement and guidance in a supportive and gentle manner. This ensured the risk of the person falling was minimised whilst still promoting their independence.

We asked staff to give examples of abuse and they were able to describe the types of abuse that may occur, identify the signs and symptoms of abuse and how they would report these. They told us they had received training in this area and would immediately report any concerns they had to the registered manager, or to the local safeguarding authorities if this was required. Staff told us, “The procedure is there to protect people and I’d use it.” And, “[The registered manager] expects us to report to her or the local authority if we need too. If we didn’t that wouldn’t help the people here and my job is all about the people here.”

We saw the home had a safeguarding procedure and numbers for the local safeguarding authorities were available to staff. The procedures helped ensure people could report concerns to the appropriate agencies to enable investigations to be carried out if this was necessary.

We discussed staffing with the registered manager and deputy manager. We were told that on a weekday it was usual to have two care staff on duty, the cook and either the registered manager or the deputy manager. We were also told there were times within the 24 hour period that the staffing numbers decreased to one staff member. The registered manager told us if additional support was required, the staff carried a portable phone and could contact the registered manager, the deputy manager or a senior carer. We discussed this in detail with the registered manager as we were concerned that the delay in a second staff member attending the home may result in people’s dignity being compromised. On the second day of the inspection the registered manager told us they intended to change the current arrangements. They explained a further staff member would not be on the premises, but would be accessible at pre-arranged times through a dedicated on call system. This would minimise any delay if support was required.

We asked the people who lived at the home if staff supported them quickly if they requested help. They told us, “I’ve never had to wait for a thing.” And, “They come to me straight away.” Also, “If I ring my bell they come very quickly. I’ve never been left waiting.” We also spoke with three relatives who expressed no concerns regarding the availability of staff at the home. They told us, “They always come quickly and there’s always someone around.” And, “People don’t have to wait.”

During the inspection we observed staff were attentive and met people’s needs promptly. We saw numerous occasions of staff interaction with people. During the morning we saw staff asking people what activities they wanted to do and sitting with people chatting and laughing. We observed one person ask for help to go their room. This was provided immediately by staff.

All the staff we spoke with told us they had no concerns with the availability of staff to support people. We were told, “If we need help [the registered manager] gets extra staff in but we can care for people and spend time with them so I think we have enough staff.” And, “If someone’s poorly [the registered manager] gets more staff in but we usually don’t need that. We have time to care for people properly.” Another staff member told us, “I think there’s enough staff, we have time to help people, not do things for

Is the service safe?

them and people generally don't have to wait." Our observations and the feedback we received from people who lived at the home, relatives and staff showed us there were sufficient staff to meet peoples' needs.

We reviewed documentation that showed us a process was in place to ensure safe recruitment checks were in place. All the staff we spoke with told us they had completed a disclosure and barring check (DBS) prior to being employed. This is check that helps ensure unsuitable people are not employed by the home. We also viewed a further two personnel files which also evidenced appropriate checks were carried out.

During this inspection we checked to see if medicines were managed safely. We looked at a sample of Medicine and Administration Records (MAR) and saw the record and amount of medicines at the home matched. This showed us medicines were available and had been administered as prescribed.

We observed medicines being given at two separate times. We saw the administering staff explained to people what the medicine was for and asked if they were ready to receive it. Staff were patient with people helped people understand what their medication was for. We observed

one person was shown the medicines box and the tablet. The person recognised these and this supported their understanding of why the medicine was being administered. We also saw staff show a person the MAR record. This enabled the person to understand it was the correct time for the medicines to be administered. We observed the staff member checked the MAR and then checked the medicine before giving it to the person and then signed the MAR record. This minimised the risk of medicine errors occurring and helped ensure accurate records were maintained.

We discussed the arrangements for ordering and disposal of medicines with the administering staff. They were able to explain the procedures in place and we saw medicines were disposed of appropriately by returning them to the pharmacist who supplied them. The staff member told us they had received training to enable them to administer medicines safely and had also shadowed an experienced member of staff before administering medicines. In addition they told us they received feedback from the deputy manager when audits of medication were carried out and this enabled them to improve their practice if required. We concluded systems were in place to ensure people received their medicines in a safe way.

Is the service effective?

Our findings

The people at Park View Residential Home were complimentary of the care and support they received from staff. They told us, "There's nothing wrong here." And, "It's a very positive place." Also, "I have everything I need and more." Relatives we spoke with also confirmed they were happy with the service provided. We were told, "Staff are very encouraging towards [my family member]." And, "This is a lovely home, they give really good care to [my family member]."

We asked people who lived at Park View Residential Home their opinion of the food provided and received positive feedback. We were told, "The food is quite acceptable thank you." And, "The food is good, they change it straight away if you ask." Another person said, "The lunches are lovely, we get a lot of choice." We checked to see if people had specific dietary needs, these were catered for. One of the care plans we reviewed showed us the person required specific equipment to meet their individual needs independence. During the inspection we saw this was provided to them. This helped ensure their nutritional needs were met effectively, whilst promoting their independence. We also saw a further person's care plan identified they required individual support. We saw the support was provided to the person with dignity and respect. This showed us peoples nutritional needs had been identified and were being met effectively.

During the inspection we observed the lunchtime meal being served to people. We saw the food was attractively presented and drinks were available throughout the meal. People were asked where they wanted to eat their meal and if they chose to remain in their armchair, or eat their meal in their room, this was respected. During lunch we saw staff were calm and unhurried and we observed the atmosphere to be relaxed with an emphasis on social interaction. We saw staff encouraged people to converse and relax with hot drinks after eating their meal. This is important as a positive environment may encourage people to eat and drink sufficiently to meet their needs. We observed staff show the meal people had chosen to them and on one occasion we saw this was declined by them. We observed staff then asked the person what they would prefer to eat. We saw that an alternative was declined and staff suggested further alternatives to them. Because of this

interaction the person was provided with a meal that was acceptable to them and we saw they ate this. This showed us people were supported to make choices and eat and drink sufficient to meet their needs.

The care documentation we reviewed showed us peoples' health needs were regularly assessed and changes were documented to ensure people received effective care. We saw evidence that if recommendations were made by other health professionals these were included within the care plan to inform staff of the care people required to meet their needs. This showed us that as people's health needs changed referrals were made and actioned to ensure people received effective care. We observed one person receiving support and saw the recommendations of the health professionals were carried out. We were also informed by a relative they were happy with the way in which the home responded to their family member. They told us; "If [my family member] needs a doctor they get one quickly and then tell me." In addition we spoke with three visiting health professionals who told us staff at the home made appropriate referrals quickly if they were concerned about a persons' wellbeing. This demonstrated to us the care was effective.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. The registered manager and the deputy manager told us they were working with the local authorities to ensure applications to lawfully deprive people of their liberty were made appropriately and we saw evidence that an application had been made in one of the care records we viewed.

During the inspection we saw a safety gate was fitted across a bedroom door. We discussed this with the registered manager and the deputy manager. They told us the safety gate was in place to prevent the person from leaving their room without staff support to assure their safety. This was a restriction on this persons liberty. The

Is the service effective?

registered manager told us they had not yet completed a DoLS application to the appropriate authorities and we were told this would be carried out. On the second day of the inspection we saw this had been completed.

We also saw that a keypad was fitted to the front door. This was to ensure peoples' safety was maintained from unknown people entering the home and people who lived at the home leaving without staff knowledge. We asked the registered manager what they would do if a person asked to leave the home and the registered manager told us there were people at the home who required support to leave to maintain their safety. The registered manager told us they were currently seeking advice from the appropriate bodies regarding this and we saw evidence this was being carried out.

We asked staff we spoke with to describe their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how this related to the day to day practice in the home. Staff told us they would talk to people to try and ascertain their wishes and involve family members if decisions were required to be made. They told us it was the registered managers responsibility to arrange Best Interests meetings if required. From our conversations it was clear that staff had an

understanding of the processes in place regarding DoLS. The registered manager told us training in this area was currently being arranged for the deputy manager and would then be cascaded to other staff. This would strengthen the processes in place to protect people living at the home

Staff told us they received regular supervision and appraisal by meeting with the manager and discussing their performance. They told us they found this beneficial as it enabled them to gain further qualifications relevant to their role. For example all the staff we spoke with told us they had been supported to obtain a vocational qualification. We also viewed two supervision and appraisal records which demonstrated the home reviewed the learning and performance of staff.

We asked staff what training they had received to carry out their roles. Staff told us they had received an induction which included practical and theory based training in areas such as moving and handling, food hygiene, safeguarding and fire safety. We viewed a range of certificates and also viewed a training matrix which confirmed this was the case. All the staff we spoke with confirmed they were supported to update their knowledge by attending refresher training regularly.

Is the service caring?

Our findings

We asked the people who lived at Park View Residential Home to describe the staff who worked there. We were told, “I can’t speak highly enough of them.” And, “wonderful staff, really thoughtful.” Also, “Staff are marvellous.” Another person told us, “Staff are pleasant, kindly and you couldn’t find better staff anywhere.”

The relatives we spoke with were also positive regarding the staff at Park View Residential Home. They told us, “Truly caring staff, they offer every kindness.” Also, “The staff are really good and the care is as well.”

During the inspection we saw staff responded to people with empathy and compassion. Staff discreetly observed people and offered time and support when this would be beneficial to the person. We observed one person became upset while watching television and staff responded promptly by sitting with the person and offering support. We saw the staff member asked the person if they would like to move to a private area and when this was declined they sat with them, and listened to what the person had to say, offering comfort and holding the persons hand. Following this, the person appeared happier.

We observed staff approaching people and asking if they were well, if they needed any help or asking what they were doing. Our observations showed people welcomed this and staff used touch appropriately to demonstrate they were caring. We saw this was appreciated by people who lived at Park View Residential Home and people responded to staff in a positive way. One person said, “It’s lovely to be so respected and looked after so well. They’re all very kind.” This demonstrated to us staff were caring.

We saw staff knocked on people’s bedroom doors before entering and if a response was not received, they knocked again and partially opened the person’s door, or called out to ask them if they could enter. When people were supported with personal care we saw bedroom and bathroom doors were closed to ensure people’s privacy and dignity were upheld.

The care documentation we looked at was written in a person centred way. It contained information about the individuals like and dislikes and described their preferences such as clothing, personal care and preferred time of getting up and going to bed. The staff we spoke with could describe the care needs of people who lived at the home. From our conversations we found staff were knowledgeable about people’s needs and could describe the support people needed to mobilise safely, individual dietary requirements and individual interventions that may be required to meet their needs. Staff were also able to describe the routines people preferred such as the time they wanted to get up and go to bed, relationships that were important to them and interests that they had. This is important as it enables staff to deliver care and support that meets people’s needs and preferences.

The deputy manager told us people who lived at the home had access to advocacy services if they required or wanted this. Information was given to people so that people were aware of who to contact should they require this service. This meant people’s interests were represented and they could access appropriate services outside of the home to act on their behalf.

Is the service responsive?

Our findings

We spoke with staff who were able to give examples of how they met people's needs in a responsive manner. They described the care and support one person required and told us this was arranged to meet their needs. We were told the person responded more positively at different times during the day and during the inspection we observed support was offered at a time most suitable for the person. This demonstrated people's care was delivered in a responsive manner.

We asked people if they felt involved in their care. Two people described how staff had supported them to decide if they wished to use specialist equipment. We were told, "[Staff member] explained why [equipment] might help and it has. We agreed I would try it and now I wouldn't be without it." And, "Staff are sorting out [my equipment] they're really good and explained it all to me." A further person described how staff had discussed with them the benefits of attending social activities. They told us staff had ascertained their wishes and respected their decision not to participate. They told us they felt the staff had understood their perspective and they had agreed with staff they would only be informed of social events that they had a particular interest in. They said, "They're very focussed on us as people and that's the way it should be." The relatives we spoke with told us they were happy with the level of involvement they had regarding their family members care. We were told, "They asked a lot of detailed questions about [my family members] care and I'm involved to the level I should be." And, "Yes. They communicate well." This demonstrated to us that people, and when appropriate their relatives were asked for their views when care was planned.

During the inspection we observed staff used naturally occurring opportunities to engage and support people who lived at Park View Residential Home. We saw one person was supported by staff to fold their personal clothes and another person tidied a sideboard. We observed the people were happy doing these activities and chatted to staff as they did them. This demonstrated to us that people's independence was promoted through the activities that were meaningful to them.

In the morning we observed staff asking people what music they liked to listen to and this resulted in a sing song which was enjoyed by the people present. We observed a game of sound bingo being played. This is an activity where a sound is matched with a picture. People were seen to be laughing and smiling as they participated. In addition we saw people's individual preferences were accommodated. One person was reminded by staff that one of their favourite television programmes was on television and supported them to watch this in their room. We asked a relative what activities were provided at the home and they told us their family member was offered the opportunity to attend musical and film afternoons and when the weather was nice, they also sat in the garden, which they liked. It is important people are enabled to participate in activities that are important to them as this helps minimise the risk of social isolation and encourages independence.

In all the bedrooms we viewed we saw a complaints procedure was in place and we saw this contained a description of the timescale and people responsible for investigating complaints. We also noted it contained further contact details for the Local Government Ombudsman if people remained unhappy with the response from the home. Both the people and relatives we spoke with confirmed they had a copy of the complaints procedure. One person told us, "Look it's there on the wall but I've never had to complain about anything." A relative said, "No. I've never had to complain, this is a home from home."

All the staff we spoke with told us they would report any complaints to the registered or deputy manager, using the on-call system if necessary. This demonstrated to us there was a system in place, of which staff were aware, to raise complaints. We viewed the complaint log in place at the home and looked at two completed complaints which had been raised with the service and addressed within the required timescale. This showed us the home responded responsively to complaints in accordance with the policy in place at Park View Residential Home.

Is the service well-led?

Our findings

The home had a manager in place who was registered with the Care Quality Commission. During the inspection we were informed that due to proposed changes in the managerial structure of the home, the deputy manager was currently in the process of applying to the Care Quality Commission to become the registered manager.

During our inspection we saw people knew who the registered manager was. People spoke openly with the registered manager and we saw the registered manager spent time with people and addressed them by their names. We also saw people responded positively to this. People told us, "Here she comes, she looks after us here you know." And, "I often speak to [the registered manager] they take a real interest in me and how I am." And, "[The registered manager] is always here to speak to but I can speak to anyone to be honest, they're all really good here."

We observed the interactions between the registered manager and the staff. We saw staff approached the registered manager freely and without hesitation if they required information and all the staff we spoke with told us they felt well supported by the registered manager. They told us they were encouraged to discuss any concerns or comments openly. They also told us the registered manager routinely attended daily 'handover' meetings when staff had completed their duties and the next staff shift was starting. We observed a handover meeting and saw staff discussed the health, wellbeing and activities of each individual. The registered manager played an active role. They told us they did this to ensure they knew the needs of people who lived at Park View Residential Home. They also told us this helped ensure staff were supported by a manager who was accessible to them and was a positive role model. This demonstrated to us the service was well led.

We looked at the audit schedule provided to us by the service and saw this contained a variety of checks to ensure shortfalls were identified and action taken to ensure

improvements were made. We saw medicine audits were carried out and these had been completed on a monthly basis. The audits we viewed did not identify any shortfalls but we were told by staff that if areas of improvement were identified these were discussed with them to minimise the risk of reoccurrence.

The deputy manager told us they reviewed the care records monthly to ensure they were accurate and documentation reflected the preferences and needs of people who lived at the home. The documentation we viewed was up to date and we saw evidence that people's care needs were reviewed regularly.

We asked the deputy manager how they reviewed the number of incidents and accidents within the home. The deputy manager told us they reviewed the accident book on a monthly basis to ensure any trends were identified. They told us that if a trend was noted, this would be investigated to ensure the correct action was being taken to minimise the risk of reoccurrence. They told us that as a result of this they had identified some people may have benefited from a pressure mat to alert staff if they required assistance. We asked the registered manager if they documented the findings of audits. The registered manager told us they were developing a format to record this information. Following the inspection this was provided to us.

We asked the registered manager how they reviewed the quality of the service provided to people who lived at the home, and their relatives. The registered manager told us they completed surveys every six months and these enabled the home to identify if improvements were required. We viewed six surveys and saw the responses were positive. On two of the surveys we saw comments had been made relating to the decoration of the home. The registered manager told us as a result of the survey re-decoration had started in specific areas of the home. On the day of the inspection we saw this was taking place. This showed us the home carried out checks to identify shortfalls and took action to make improvements.