

Ashbourne Court Residential Care Home Limited

Ashbourne Court Care Home

Inspection report

Ashbourne Close
Ash
Aldershot
Hampshire
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Tel: 01252326769

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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

This inspection took place on the 9 November 2016 and was unannounced.

A registered manager was in post. 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.

Ashbourne Court Care Home is registered to provide accommodation with personal care for up to 16 people. At the time of our inspection there were 14 people living at the service, some of whom were living with dementia.

During our inspection of January 2016 the provider was found to be in breach of five Regulations of the Health and Social Care Act (Regulated Activities) Regulations 2014. We found there was insufficient staff to support people's needs, effective infection control systems were not in place, lack of activities for people that reflected people's needs and preferences, use of disproportionate restraint and records of people's care were not accurate.

We carried out this fully comprehensive inspection to see what action the provider had taken in response to the shortfalls we had previously identified. We found during this inspection that the provider had made the improvements needed and was now meeting the regulations.

The Provider Information Return (PIR) we received from the provider contained limited information about the service. We have made a recommendation that the provider ensures the PIR is completed in full to provide all information in the five domains about how the service provides safe, effective, caring, responsive and well led care for people.

People and their relatives told us they felt the service was safe. Relatives told us that staff were very kind and they had no concerns in relation to the safety of their family member. Staff had received training in relation to safeguarding and they were able to describe the types of abuse and the processes to be followed when reporting suspected or actual abuse.

Staff had received training, regular supervisions and annual appraisals that helped them to perform their duties. New staff commencing their duties undertook induction training that helped to prepare them for their roles.

There were enough staff to ensure that people's assessed needs could be met. It was clear that staff had a good understanding of how to attend to people's needs.

Medicines were managed in a safe way and recording of medicines was completed to show people had received the medicines they required.

Where there were restrictions in place, staff had followed the legal requirements to make sure this was done in the person's best interests. Staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure decisions were made for people in the least restrictive way.

People were not prevented from doing things they enjoyed as staff had identified and assessed individual risks for people. The registered manager logged any accidents and incidents that occurred and discussed these with staff so lessons could be learnt.

The provider ensured that full recruitment checks had been carried out to help ensure that only suitable staff worked with people at Ashbourne Court.

Staff supported people to eat a good range of foods. Those with a specific dietary requirement were provided with appropriate food.

People had access to external health services and professional involvement was sought by staff when appropriate to help maintain good health.

Staff showed kindness and compassion and people's privacy and dignity were upheld. People were able to spend time on their own in their bedrooms and their personal care needs were attended to in private. People took part in a variety of activities that interested them. People's relatives and visitors were welcomed and there were no restrictions of times of visits.

Documentation that enabled staff to support people and to record the care they had received was up to date and regularly reviewed. People's preferences, likes and dislikes were recorded.

If an emergency occurred or the service had to close for a period of time, people's care would not be interrupted as there were procedures in place. There was an on-call system for assistance outside of normal working hours.

A complaints procedure was available for any concerns. This was displayed at the service.

Staff and the provider undertook quality assurance audits to ensure the care provided was of a standard people should expect. Any areas identified as needing improvement were attended to by staff.

People, relatives and associated professionals had been asked for their views about the care provided and how the home was run. Regular staff meetings took place.

Staff informed that they felt supported by the registered manager and they had an open door policy and were approachable.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were aware of the signs of abuse and the process to be followed if they suspected abuse.

There were enough staff deployed to meet people's needs.

Risks to individual people had been identified and written guidance for staff about how to manage risks was being followed.

Accidents and incidents were recorded and monitored by staff at the home to help minimise the risk of repeated events.

The provider had carried out appropriate checks to ensure staff were safe to work at the service.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and had opportunities to meet with their line manager regularly.

Where people's liberty was restricted or they were unable to make decisions for themselves, staff had followed legal guidance.

People were involved in choosing the food they ate.

People had involvement from external healthcare professionals as well as staff to support them to remain healthy.

Is the service caring?

Good ●

The service was caring.

Staff showed people respect and made them feel that they mattered.

Staff were caring and kind to people.

People were supported to make their own decisions.

Relatives and visitors were welcomed and able to visit the home at any time.

Is the service responsive?

Good ●

The service was responsive to people's needs.

Staff responded well to people's needs or changing needs and care plans were person centred.

People had opportunities to take part in activities that interested them.

Information about how to make a complaint was available for people and their relatives.

Is the service well-led?

Good ●

The service was well led.

The registered manager created an open culture in which staff told us they felt well supported and involved in running the home.

Quality assurance checks were completed by the provider and staff to help ensure the care provided was of good quality.

Staff felt the registered manager had a good management oversight of the home and supported them when they needed it.

Ashbourne Court 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.

This was an unannounced inspection that took place on the 9 November 2016. The inspection was carried out by two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR before the inspection to check if there were any specific areas we needed to focus on.

During the inspection we were unable to speak to all people as not everyone was able to communicate with us. To help us understand the experiences of people we used our SOFI (Short Observational Framework for Inspection) tool. The SOFI tool allows us to spend time watching what was going on in a home and helps us to record how people spend their time and how staff interacted with them.

As part of the inspection we spoke with the registered manager and three members of staff, four relatives and had limited discussions with five people. We looked at a range of records about people's care and how the home was managed. We looked at three care plans, medication administration records, risk assessments, accident and incident records, complaints records, recruitment records and internal audits

that had been completed.

We last inspected Ashbourne Court Residential Home in January 2016 when we identified concerns.

Is the service safe?

Our findings

People felt safe living at the home. One person told us, "I feel safe, yes, staff are good to me." Another person told us, "It is safe here." Relatives told us they believed their family members were kept safe. One relative told us, "My [relative] is very safe and has never been mistreated. We visit at different times and all of my family are of the same opinion."

At our inspection in January 2016 we found there were not always enough staff available to meet people's needs. At this inspection we found the provider had addressed our concerns and staffing levels had increased which meant people were being provided with the support they required in a timely manner.

People were cared for by a sufficient number of staff to meet people's care needs safely. We observed that staff were able to take time to attend to people's needs. When people asked for help staff were able to respond quickly. During discussions the registered manager told us that there were four staff on duty during the early shift and three during the afternoon. This was confirmed during discussions with staff and relatives and the viewing of the duty rota for the previous four weeks. We also noted that on some occasions there were five staff on duty.

People told us that there were enough staff at the service. One person told us, "They come quite quickly when I need something." Relatives told us there were enough staff. One relative told us, "From what I've seen there's always enough staff here."

At our inspection in January 2016 we found a breach of regulation 12 in relation to infection control. At this inspection we found the provider had addressed our concerns and the monitoring of infection control standards were maintained which meant people lived at a service that was clean and free from odour.

Infection control audits were regularly undertaken and a daily cleaning schedule was used. The provider had employed an external company who supplied the same trained domestic staff. We had discussions with the domestic staff who showed and explained to us the daily cleaning schedule and how they undertook their work. They told us they had received training in infection control. Staff were wearing personal protective equipment whilst carrying out their duties. Mops and buckets were colour coded and all staff were able to explain which colours were used for the different areas of the service. Staff were aware of who the lead person for infection control was. The environment was very clean.

People benefited from a service where staff understood their safeguarding responsibilities. Staff were aware of the different types of abuse and what to do if they suspected or witnessed abuse. Staff told us they had training in safeguarding adults and training records confirmed this. One member of staff told us, "I would report all suspicions of abuse to the registered manager. I would also contact the local safeguarding authority to report my concerns if I did not believe that the registered manager had acted on the information, but I know the manager would take the appropriate action." There had been one safeguarding incident that the registered manager had reported to the local authority safeguarding team and this had been concluded.

People were kept safe because assessments of the potential risks of injury to them had been completed. The provider told us in their PIR that risk assessments were undertaken, we found this to be the case. Risk assessments were based on daily living activities. For example, one person stayed in bed at all times and was living with dementia. They were prone to pulling themselves out of bed. The risk assessment identified that their bed should be lowered and a crash mat put in place to minimise the harm if the person should roll out of bed. We observed this person's room and the measures were in place. Other risk assessments included moving and handling, medicines, falls and skin integrity. The risk assessment identified that the person was at risk due to spending all their time in bed. Staff monitored the person's skin when carrying out personal care and ensured that skin was dry. If they noticed redness, this was reported to the district nurses. The person did not require repositioning regularly as they were able to move themselves in bed. Staff were able to confirm this.

The provider carried out appropriate recruitment checks which helped to ensure they employed suitable staff to work at the service. The provider had obtained appropriate records as required to check prospective staff were of good character. These included two written references, proof of the person's identification, employment history and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People received their medicines when required as there were safe medication administration systems in place. Staff had been trained to manage medicines and they were required to pass a competency test before being able to support people with medicines. These were documented in all staff records.

When people had accidents or incidents these were recorded and monitored. The PIR informed that accidents and incidents were recorded and analysed. We found this to be the case. Accidents and incidents were recorded and the registered manager analysed them to identify patterns to prevent them repeating.

Interruption to people's care would be minimised in the event of an emergency. The provider had a contingency plan that was detailed and provided information and guidance about how the service was to be operated in case of an emergency, such as fire or loss of gas and electric. Staff told us they had read and understood this document and that they had the emergency telephone contacts numbers to use. Each person had an individual personal evacuation emergency procedure that clearly detailed the person's mobility and the support they would require to be safely evacuated from the building in case of a fire.

Is the service effective?

Our findings

At our inspection in January 2016 we found a breach of regulation 11 in relation to the use of disproportionate restraint. At this inspection we found the provider had addressed our concerns and restraint was no longer used at the service.

Decisions were made in people's best interests and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We checked whether the staff were working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards.

We found that the registered manager and staff understood their responsibilities in relation to the MCA and DoLS. Training in this area was provided and staff understood how the principles of the legislation applied in their work and had a good understanding of how MCA and DoLS affected their day to day work. Applications had been sent to the DoLS team when people were being deprived of their liberty. The registered manager ensured that mental capacity assessments were carried out to determine if people had the mental capacity to make specific decisions. Where people did not have capacity then best interests meetings took place. If people were being restricted in their best interests, for example by being unable to leave the home unaccompanied, then DoLS authorisation applications had been submitted and received by the local authority.

Staff told us people made choices about everything they wanted to do. One member of staff told us, "We always offer choices to people. For example, they can choose their bedtimes and the clothes they want to wear. They can choose what activities they want to join in with." We observed people making choices and staff respected these. People were able to get up in the morning at the time they wanted to get up. One person told us, "I get up when I am ready to." Throughout the day staff offered choices to people such as asking if they wanted help with putting things away, if they would like a drink and choices of activities and meals.

At our inspection in January 2016 we found a breach of regulation 18 that staff had not received appropriate training to carry out their role. At this inspection we found that staff training had been improved.

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. Comments included: "I think staff are trained as they know what they are doing," and "They're definitely well trained."

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff told us they had received all the mandatory training as required. This had included management of medicines, safeguarding, moving and handling, first aid, food hygiene, health and safety and infection control. This was confirmed in the training records that were provided to us by the registered manager. Other training undertaken by staff included NVQ (now replaced with QCF) levels 2 and 3 in care, diabetes, equality and diversity and dementia. The registered manager had a plan for future training to keep staff up to date with working practices. One member of staff was able to describe what they had learnt from their training and how training helped them in their role. They told us the dementia training informed them how dementia affects people, how to communicate with people and the importance of having plain colours and objects of reference so people could find their bedrooms. Staff were applying their training by delivering the effective care that people needed. We observed staff getting level with people who were seated to talk to them and they maintained eye contact during conversations.

Staff told us they had received thorough induction training when they commenced working at the service. One staff member said, "I had an induction. I was given time to read policies and procedures. I met people and staff and looked around the home. I did training that included first aid, moving and handling and medicines."

The PIR informed that the provider was to continue to train staff and make them become champions in a specific area. We noted that one staff member had become the appointed fire marshal for the service and had attended training to support them in this role.

Staff were provided with the opportunity to review and discuss their performance. Staff told us supervisions were carried out regularly and this enabled them to discuss any training needs or concerns they had. Staff files contained record of supervision and appraisals.

People were supported to have a meal of their choice by organised and attentive staff. Staff told us that if people did not want what was on offer then other meals would be provided. The choices people made were respected by staff. Meals were nutritious and included fresh meat, vegetables, pasta and fresh fruit. All food was freshly cooked each day. We observed staff supporting people during lunch as and when required. Staff also engaged people in conversations throughout this time. Staff were very attentive to people, and were offering drinks and second portions of food to people. The lunch time experience was relaxed and unhurried.

People told us that the food provided was good and they chose what they wanted to eat. We observed staff asking people what they would like for their lunch. Staff explained what the choices of meal were. People were able to make choices from the descriptions provided. We observed that there were three choices for dessert and each dessert was physically shown to people so they could make their own choice. One person told us, "The food is very good." Relatives were complimentary about the food provided. They told us that the food always looked appetising and was freshly cooked. People's records contained information about their preferences. One person liked, 'strong tea every morning' and 'traditional dishes'. This was detailed in their care plan.

People's dietary needs and preferences were documented and known by staff. Information relating to people's dietary needs were recorded in their care plans and in the kitchen. One person had input from the speech and language team (SALT) team which stated they must have 'fork mashable' foods and should avoid dry food. This was recorded in the person's care plan and included pictures and guidance from the SALT team.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. Clear records in relation to people's healthcare needs were kept in people's care plans. These included GP visits, opticians, dentists and hospital appointments. These records were used to monitor people's health and to inform staff so care could be offered that was relevant and appropriate. Staff were aware when someone had seen a health care professional and what their latest advice was.

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People told us that staff at the service were good. One person said, "They are friendly." Another person said, "Staff are nice." Relatives told us that staff at the service were 'excellent' and very caring people. They told us that their family members were cared for by friendly and attentive staff. One relative told us, "This is a really lovely nice home. Staff are very caring and lovely to all people. Staff talk to them as individual people." Another relative told us, "I would not put my [relative] in any other home, and we had looked at a lot of homes."

People received care and support from staff who had got to know them well. The PIR informed that staff respected people and their wishes. We found this to be the case as the relationships between staff and people receiving support demonstrated dignity and respect at all times. One person was feeling tired during lunch. A member of staff asked the person if they wanted to go for an afternoon sleep. The member of staff told us this was the normal routine for this person; however, on this occasion the person chose not to have a sleep and went into the lounge. This decision was respected by staff. Throughout the day staff interacted with people in a friendly manner, talking to them and allowing time for people to respond to them. Staff made eye contact with people they talked with. There was lots of laughter between people and staff. Relatives told us that this was a typical day and that all staff were happy and jovial with people.

Staff demonstrated a good knowledge of how to provide support that promoted people's privacy and dignity and choice. One member of staff told us, "We always close the door and curtains when attending to people's personal care needs. Before I start I ask if they want a shower or bath as it is their choice. I show them clothes and let them choose what they want to wear, they give me instructions." We observed when people required support with their personal care this was undertaken in their bedroom with the door closed. One person was noted to have food spilled on their trousers. The registered manager quietly said to them, "Shall we go to your room and change your trousers as these have something spilled on them?" The person was supported by the registered manager to their bedroom, the door was closed, and they reappeared with clean trousers. Nothing was rushed and the person did not get anxious by the process. Staff constantly interacted with people, offered choices and communicated with them as described in their care plans.

Staff told us they regularly read people's care plans to ensure they had up to date knowledge of their needs. They told us they got to know people's likes and dislikes through reading the care plans and talking with people. A relative told us, "Everyone knows each other." Care plans contained lots of detail on people's background and life history and personality. One person's records contained details of which regiment they fought in during the war. It described how the person liked to discuss their time in the war sometimes, but staff should be mindful as wartime music could bring back bad memories. Information on the person's working life and family were very detailed. Care plans also contained details on how staff could communicate with people. One person living with dementia had in their records, "Staff should face me and retain eye contact. Encourage me to engage in conversation and repeat if I did not hear." We observed staff interacting with this person as directed.

People lived in an environment that was homely and met their individual needs. People's bedrooms were

personalised to them with televisions, photographs and personal belongings. The registered manager had commenced using signage on people's bedroom doors to help them recognise their bedrooms. These included pictures of favourite hobbies or previous employment people had undertaken during their earlier lives. For example, gardening and cross stitch. Work had progressed to improve the environment through replacing the flooring. The registered manager informed us that the rest of the environment was to be completely redecorated to ensure it was dementia friendly through the use of plain colours and different colours on bedroom and bathroom doors.

Relatives told us they were made to feel welcome and were able to visit the home at any time. One relative told us, "Other homes have strict visiting times, here you can visit at whatever time you want to."

Is the service responsive?

Our findings

At our inspection in January 2016 we found a breach of regulation 9 in relation the failure to provide meaningful activities to people. At this inspection we found that improvements had been made and people had more opportunity to take part in activity.

Staff included people in activities and events that were meaningful and fulfilling. People had a range of activities they could be involved in. People were able to choose what activities they took part in. On our arrival people were in the lounge taking part in a games activity. Throughout the day people were taking part in organised activities. These included bowling, sing-a-long and dominoes. Some people were having their hair done by a hairdresser who visits the service each week. Staff involved all people in the activities that took place and people were enjoying this interaction. During the sing-a-long people were smiling and doing a 'hand jive.' Staff continuously conversed with people through the activities and allowed people to take their time, such as when playing a game of dominoes. A staff member told us, "Yes we do activities and can spend a lot of time with them if they want one to one." Staff told us that it was up to the person to choose whether or not to join in with the activities, but most people took part.

Staff told us that they did not take people out on external activities as this caused too much distress for them. This was confirmed during discussions with people's relatives. One relative told us, "My [family member] gets very confused and distressed whenever they go outside of the service. They do not want to go out; they feel very secure being inside the service."

Activities were displayed on the notice board. The service had a daily activity list over a four week period. These activities included reminiscence, walk in garden and feeding the fish, gentle exercises and quizzes. Relatives told us that activities always took place whenever they visited the service. One relative told us their family member enjoyed having their nails done and staff did manicures for them.

Records contained information about activities people enjoyed. One person's records stated that they enjoyed listening to music, talking or reading newspapers and that they did not enjoy group activities, they 'prefer my own company.' We observed this person having one to one time with staff and also listening to music as directed in their care plan.

People's needs had been assessed before they moved into the home to make sure their needs could be met. Care plans had been produced from the assessments and were personalised. They contained lots of information about people's preferences and interests. Care plans explored people's aspirations. One person had a goal of returning home with relatives. Records contained details of how this would be achieved and there was evidence of staff working alongside social care professionals to try to achieve this for the person.

People we spoke with did not understand the concept of care plans and were not able to give any information in relation to these. Relatives told us they had been involved in producing care plans for their family member. Relatives told us that staff kept them informed of any changes made to the care plan and they could also ask for changes to be made.

Care plans were reviewed at least every two months. Reviews documented any changes and care records were updated when appropriate. Reviews were attended by relatives and staff to ensure a holistic approach. One person was reviewed when their behaviour changed and they became more aggressive. This was clearly documented and following the review a behaviour chart was completed for the person.

People's needs were responded to. We noted that one person had a series of falls that had not resulted in a serious injury. The registered manager had reported these to the person's GP and a referral was made to the falls clinic. On the day of our inspection visit a physiotherapist attended to undertake an assessment of this person's mobility.

Complaints and concerns were taken seriously. People did not understand the concept of complaints but told us they would talk to staff if they were sad. Relatives knew how to raise concerns and make complaints. They told us they had been provided with information. They told us they would make complaints to the registered manager, but none of the people we spoke to had needed to make a complaint. Staff told us they would listen to people's complaints, reassure them that they would be taken seriously and report the complaint to the registered manager.

There was a complaints procedure available to people, relatives and visitors and this was displayed at the service. The complaints procedure included all relevant information about how to make a complaint, timescales for response and who to go to if they were dissatisfied with the response. There had been one complaint received since our last inspection. This had been thoroughly investigated and records of the investigations and responses to complainants were maintained.

The PIR informed that the service had received 10 compliments during the last twelve months. Compliments included, 'Big thank you for making my dad very comfortable and happy in the final weeks of his life. Also thank you for looking after me and my daughter with everything at this difficult time,' 'Small, quiet, calm and homely,' 'I was always made welcome and kept up to date by direct personal contact 'and, You and your staff always showed kindness and humour to reassure us.'

Is the service well-led?

Our findings

People were complimentary about the registered manager. They told us that the registered manager was always at the service helping them. Relatives told us that they felt the home was well-led. They were extremely complimentary about the registered manager and how they were always working 'hands on' and available at the service at all times.

We had discussions with registered manger in relation to the PIR we had received from them as the information recorded in the document was quite limited. They told us they had not realised that the request to complete the PIR had been received, and only had a day in which to complete it, therefore it was a rush to complete before the deadline.

We recommend that the provider ensures the PIR is completed in full to provide all information in the five domains about how they ensure that the service provided was safe, effective, caring, and responsive and well led.

At our inspection in January 2016 we found a breach of regulation 17 in relation to the lack of internal audits to monitor the quality of service provided. At this inspection we found the provider had improved the way they audited the quality of the service and improvements had been made as a result of the checks.

Quality assurance systems were in place to monitor the quality and running of service being delivered. The PIR informed that quality audits were to be conducted both internally and externally and we found this to be the case. Audits undertaken included monthly audits on the environment, health and safety, infection control, daily cleaning schedules and the medicine administration records. Action plans for identified issues had been put in place. For example, in November 2016 they identified that some curtains would need replacing. The registered manager was in the process of doing this. A health and safety audit in October 2016 identified that one person needed a new battery for their call bell. This had been actioned. The registered manager informed us that they had employed an external company to undertake audits of the service. The first visit was to be undertaken the week following our visit.

At our inspection in January 2016 we found a breach of regulation 17 in relation to the lack of effective recording. At this inspection we found that record keeping had improved. The care plans and daily records were accurate and up to date, and detailed people's assessed needs and activities they had taken part in.

The service promoted a positive culture. Staff told us that they felt 'well supported' by the registered manager. One staff member told us, "The manager is brilliant and they are always hands on working with us." Staff told us that there was an open door policy and that the registered manager was very approachable and they could discuss anything with them.

The registered manager told us that as part of continued improvement they had undertaken a survey to ascertain the views from relatives and stakeholders about the care and treatment delivered by staff at the service. All responses to the most recent survey stated they were happy with how people were cared for. One

survey informed that their relative was 'very settled here,' another stated, 'staff are very helpful'.

People were encouraged to be involved as staff had sat one to one with people and asked for their feedback. Responses were good and nobody had any issues to raise. The registered manager had carried out a mealtime experience audit where observations were made and people were asked if they liked their food. They noted 'choices of food were offered,' and 'people choose their own seating'. The feedback from people was that they liked the food.

Staff were empowered to contribute to improve the service. Minutes of staff meetings showed that staff could make suggestions to improve the service. One staff member said, "I suggested we have names on people's doors and a picture of something important to them to remind whose room it is. We're putting it in place next week." Staff meetings discussed current issues that included accidents and incidents, people who lived at the service and training.

The manager was aware of their responsibilities. Registered bodies are required to notify us of specific incidents relating to the home. We found that when relevant, notifications had been sent to us appropriately. For example, in relation to any serious accidents or incidents concerning people which had resulted in an injury.