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St Michael's Rest Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

St Michael's Rest Home is located in a residential area of Bexhill on Sea, close to the seafront with parking on site and on the road nearby. The building has been extended, with large communal rooms including a lounge and dining room, and a lift enables people to access all parts of the home. There is a secure large garden to the rear and this can be accessed by people using mobility aids or wheelchairs.

The home provides support and care for up to 30 people living with dementia. There were 27 people living in the home during the inspection. Some people had complex needs and required support with all aspects of their lives, including moving around the home safely due to their physical frailty or medical conditions. Other people needed prompting or some support with personal care and eating.

A registered manager was responsible for the day to day management of the home. 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.

This inspection took place on the 4 and 16 February 2016 and was unannounced.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The management and staff had attended training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, but they were not up to date with current guidance to ensure people were protected. Additional training was being arranged and advice was being sought from healthcare professionals.

Staff were trained in the safe administration of medicines. Staff followed relevant policies, they gave out medicines safely and signed the administration records after they had been taken. However, additional advice was needed to ensure medicines given without a person's consent followed current guidelines.

People were assessed before they moved into the home to ensure staff could meet their needs, and care plans, including risk assessments to ensure their safety, were developed from this information. The registered manager reviewed these to ensure people and their relatives were involved in decisions about the support and care provided, and that they agreed with the information recorded in their care plans.

Systems were in place to ensure people were protected and support was provided safely. This included safeguarding training, staff had a good understanding of abuse and how to raise concerns if they had any.

Relatives and staff said the management were very approachable, and were involved in decisions about how the service developed with ongoing discussion on a day by day basis and during meetings. In addition feedback was sought from people, their relatives, healthcare professionals and other visitors to the home,

through satisfaction questionnaires.

People told us the food was very good. Staff asked people what they wanted to eat, choices were available for each meal, and people enjoyed the food provided. People decided what they wanted to do, some joined in activities, while others chose to sit quietly in their room or communal areas.

People had access to health professionals as and when they required it. The visits were recorded in the care plans with details of any changes to support provided as guidance for staff to follow when planning care.

A complaints procedure was in place. This was displayed on the notice board near the entrance to the building, and given to people, and relatives, when they moved into the home. Relatives said they were aware of the procedures and who to complain to, but had not needed to use them.

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 consistently safe.

Medicines were administered safely and administration records were up to date.

Staff had attended safeguarding training and had an understanding of abuse and how to protect people.

Risk to people had been assessed and managed as part of the care planning process. There was guidance for staff to follow.

The premises were well maintained and people had access to all parts of the home.

Recruitment procedures were robust to ensure only suitable people worked at the home.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff had attended training about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, but further training was needed to ensure they had a clear understanding.

People were provided with food and drink which supported them to maintain a healthy diet.

Staff ensured people had access to healthcare professionals when they needed it.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Staff treated people with kindness and respect, but did not always respond appropriately to requests from people.

The registered manager and staff approach was to promote independence and encourage people to make their own decisions.

People were encouraged to maintain relationships with relatives and friends. Visitors were made to feel very welcome.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People decided how they spent their time and activities were provided, but these were not based on people's preferences.

People's needs were assessed before they moved into the home and care plans were developed from this information.

People and visitors were given information about how to raise concerns or to make a complaint.

Is the service well-led?

Good

The service was not consistently well-led.

Quality assurance audits had been started to identify and address any areas where improvements were needed, but having only just started there was no clear evidence of change.

There were lines of accountability and staff were aware of their roles and responsibilities.

People, relatives and staff were encouraged to provide feedback about the support and care provided.

St Michael's Rest 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 checked 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 the 4 and 16 February 2016 and was unannounced. The inspection was carried out by four inspectors.

We looked at information we hold about the home including previous reports, notifications, complaints and any safeguarding concerns. A notification is information about important events which the home is required to send us by law.

As part of the inspection we spoke with 20 of the people living in the home, five relatives, two visitors, four staff, the cook, housekeeping/maintenance staff, the deputy manager, registered manager, the provider and a visiting healthcare professional. We observed staff supporting people and reviewed documents; we looked at four care plans, medication records, three staff files, training information and some policies and procedures in relation to the running of the home.

Some people living in the home were unable to verbally share with us their experience of life at the home, because they were living with dementia. We started to do a short observational focused inspection (SOFI), which involves our observation of staff interaction with a small group of people to assess if their needs are met. However, we found there was a lot of activity in the home so we spent our time observing the interaction between people and staff, and watched how people were cared for by staff in communal areas.

Good

Is the service safe?

Our findings

People told us they were comfortable. One person said, "Oh, I like living here, nothing wrong with this place." Relatives said people were safe. "Definitely, they are very well looked after and I can't see they are at risk." "Yes, he is safe here." "We have no concerns about safety. The staff are very good and help them as much as they need." "Yes my wife is safe. Things have got much better since the new manager started and the deputy is very good as well." A visiting health professional told us, "I have no worries about the care and support provided and the staff ring us if they have any concerns." Relatives said their family members were unable to manage their own medicines so staff helped them and they were happy with the way they were supported. Relatives felt there were enough staff working in the home and staff thought they had the time to provide the support and care people needed and wanted.

We found that medicines were appropriately managed. We examined the Medicines Administration Records (MAR) for six people, we observed the dispensing of medication and examined the provider's medication management policy. Staff said only senior care staff were able to give out medicines, and only when they had completed the training provided by a pharmacist. The training records confirmed this. There was a list of staff signatures at the front of the MAR folder. Staff said this meant they could identify who had given out medicines, or they could track to see if staff had not signed the chart when they carried out the monthly audits. They told us if there were any gaps they would talk to the staff member and if they failed to sign the chart again additional training would be provided and they would be assessed to ensure they were safe to give out medicines. The pharmacist had carried out an audit recently and some minor changes had been made, such as the provision of the guidance from the Royal Pharmaceutical Society, which was available for staff. Medicines were delivered four weekly and were checked by staff to ensure prescribed medicines had been delivered. Unused medicines were returned to the pharmacy four weekly, these were checked and return records had been signed by two staff. Additional medicines, such as antibiotics were ordered when prescribed, these had been checked and added to the MAR and two staff had signed the charts.
Staff locked the medicine trolley and attached it to the wall of the lounge when they administered medicines on the ground floor. Staff said, "So that residents cannot move it around. It is locked so they can't get medicines, but it's heavy and it's safer for them if they cannot move it." The MAR charts contained photographs of people for identification purposes, their date of birth, GP name and contact details and information about allergies. Staff wore a red tabard when they gave out medicines, to reduce the risk of being interrupted; the MAR charts were signed after the medicines had been taken and there were no gaps. Staff were knowledgeable about the medicines and explained the protocols they followed to ensure people were protected. Medicines taken on an 'as required' basis were recorded on the back of the MAR chart with details of why they had been taken. For example, paracetamol for pain.

The medicine trolley was kept in a separate locked room on the first floor and other medicines were safely stored in cupboards. The room was checked at the beginning of the morning shift; this included checking the cleanliness of the room, the MAR charts, cupboards and fridge temperature. The temperature of the fridge and the room were monitored daily to ensure the safety of medicines. Medicines were labelled with directions for use and contained both the expiry date and the date of opening; those requiring refrigeration were stored in a fridge, which was not used for any other purpose.

As far as possible people were protected from the risk of abuse or harm. Staff said they had undertaken adult safeguarding training within the last year. The training records showed that nearly all staff had attended the training and, it had been booked for the three who had not. Staff demonstrated an understanding of different types of abuse and discussed the safeguarding procedures that they would follow if they suspected abuse. They were aware of the whistleblowing policy and said they would not hesitate to raise concerns if they had any. They told us that if they were not happy with the response from the manager or provider they would contact the local authority or CQC. Staff said, "I would report anything to the senior or the manager, I have no problem doing that" and, "I'm not afraid to report anything. I might not have worked in care very long but I know what's right and wrong. Anything and I'm straight to the manager." This showed that staff had a good understanding of how to keep people safe and, staff and relatives said they had not seen anything they were concerned about.

We asked staff about their understanding of risk management and keeping people safe whilst not restricting freedom. Staff said, "We let residents do as much as they can for themselves. Some can help themselves to a drink in the lounge while others need our help." "Some residents like to walk around and one used to work outside so likes to go outside" and, "The door to the garden from the lounge is not locked, but does have an alarm on it so we know who is going out." Risk assessments had been completed and were specific to each person's needs. For example, one person, and staff, were at risk because this person's behaviour had been challenging at times. The assessment identified triggers that might cause a change in behaviour; there was clear guidance for staff to follow, such as two staff to provide support and, a behaviour chart was used to record changes, the possible reasons and the action taken by staff. Staff said this had helped them identify what may 'upset' the person and how they could reduce this while providing the care and support they needed.

Staff said if an accident or incident occurred they would inform the manager or senior staff, an accident form would be completed and they would look at how to prevent it happening again. The accident records supported this, each accident/incident was recorded with details of what had occurred, if it had been witnessed, the assessment of injury completed by staff, who had been contacted, such as the manager or paramedics, and an action plan to minimise a similar accident/incident. The registered manager analysed the accidents/incident monthly to identify if some people were at a higher risk what action had been taken. This meant there was an effective system in place to deal with accidents and incidents.

Relatives said there were enough staff working in the home. One relative told us, "There are always staff around if anyone needs help and I haven't noticed anyone having to wait." Staff said they had good routines in the home and there was enough staff; although one staff member told us if a laundry person was employed they would have more time to spend with people. The registered manager told us the staffing levels were flexible and could be increased if required. A dependency assessment had been completed for each person, based on their needs and these were recorded in the care plans. We observed staff supporting people appropriately throughout the inspection and we saw they were not rushed, there was a relaxed atmosphere and relatives said people were well looked after.

Recruitment procedures were in place to ensure that only suitable staff worked at the home. We looked at the personnel files for four staff. There were relevant checks on prospective staff's suitability, including completed application forms, two references, interview records, evidence of their residence in the UK. A Disclosure and Barring System (Police) check, which identify if prospective staff had a criminal record or were barred from working with children or adults, had been completed for all staff.

Environmental risk assessments had been completed to ensure the home was safe for people living there. The home was clean and well maintained with pictures and homely touches throughout. People had

personalised their rooms with their own furniture, ornaments and pictures; their name, a portrait picture and room number had been placed on each person's bedroom door to assist people to find their rooms. Staff reported any repairs and these were recorded in the maintenance book; these were dealt with as soon as possible and the book was signed and dated as they were completed. There were records to show relevant checks had been completed, including lighting, hot water, call bells, legionella and electrical equipment. The fire alarm system was checked weekly and fire training was provided for all staff and the records showed they had all attended. External contractors maintained the lift, electricity supply and kitchen equipment, and if there were any problems staff were able to access their contact details.

There was equipment in place for staff to use to assist people as they transferred around the home, including a hoist, stand aid and handling belts. These were secure in a separate area on the ground floor. Records showed the hoist and stand aid had been checked six monthly to ensure they were safe to use.

Requires Improvement

Is the service effective?

Our findings

Relatives felt staff had the skills to look after people. One relative said, "Things are much better now and my wife is really well looked after." People told us the staff were, "Very nice." They said the food was very good, one person told us "I enjoy my meals, can give me too much sometimes." Staff said they training was very good and meant they could provide the care and support people needed. Despite people's and relatives positive views, we found that improvements were needed to make sure staff could meet people's needs.

The registered manager and staff had completed training and had an understanding of the Mental Capacity Act 2005 (MCA). The MCA aims to protect people who lack capacity, and enables them to make decisions or participate in decisions about the support they receive. Staff said most people were living with dementia, but were able to make some decisions about the day to day support provided. Staff told us, "People make choices about everything really, including where they sit and some have their favourite chairs in the lounge." "Some residents forget what we have offered and if they have asked for something, but they still make decisions" and, "Residents decide where they eat their meals, we ask them if they want to sit in the dining room or stay in the lounge." A relative told us, "Staff always ask people if they want a drink or if they are comfortable, although they don't always get a response." We saw people decided where they sat and how they spent their time, some people sat together in the lounge while others chose to remain in their rooms.

Deprivation of Liberty Safeguards (DoLS), which is part of the MCA, is to ensure someone, in this case living in a care home, is deprived of their liberty in a safe and appropriate way. This is only done when people are unable to tell staff about their wishes and need support with aspects of their lives. Decisions about their support is made during best interest meetings and agreed by relatives, health and social care professionals and staff, when there is no other way of safely supporting them. The registered manager was aware the locked front door, which prevents people entering and leaving the home was a form of restraint and, applications had been made to the local authority about this and the use of a gate on the stairs by the previous manager. However, some staff did not know that the use of the gate was a form of restraint and did not have a clear understanding of DoLS and how decisions can be made on behalf of people, if they do not have the capacity to make safe choices. One person received their medication covertly, that is, without their knowledge or permission. Records showed the GP had spoken to this person and explained the importance of the medicine for their health and wellbeing, but the person continued to refuse to take them. The GP had recorded and signed a letter stating that the medication was required and could be given covertly. This person's needs had been assessed by the community mental health team which advised that the person had capacity 'with regard to treatment decisions'. Staff said the person had some memory loss, but also had capacity at times to decide the support and care they needed. This meant medicine had been inappropriately given and, the manager said they would contact the GP and seek additional advice regarding the covert administration of the medicine.

Staff were satisfied with the training opportunities. The training plan identified staff had attended relevant training and they were required to attend updates to ensure their skills were appropriate. One member of staff said, "We have ongoing training and we have to attend, which is good." The training included moving and handling, safeguarding, infection control, fire and medicine training and most of the staff had

completed national vocational qualifications or were working towards them. The registered manager told us there was some training that staff had not yet attended and this was being arranged, such as equality and diversity.

Staff said they completed induction training when they started working at the home. One staff member told us, "I worked with more experienced staff when I first started working here. They were very good and if I have a question or I am not sure of anything I ask the senior or manager." Senior staff said they were careful at induction to make sure staff were patient and calm to suit people's needs. They said it was no good for staff to be upset or offended about people's behaviour or language. They needed to understand how people living with dementia may behave and not to take it personally. The provider had introduced the Skills for Care Certificate training as part of staff induction for new employees. This familiarises staff with an identified set of standards that health and social care workers adhere to in their daily working life

The food was good, people were offered choices and staff supported people who needed assistance. Staff wore gloves, aprons and hairnets when handling food and assisting people, which ensured food was not contaminated. The cook knew people well, they had a clear understanding of people's likes and dislikes and specific diets they might need, such as soft, pureed or diabetic. Meals were cooked with fresh produce and the cook had, "Free rein," to order produce and make the food people wanted and, they were aware of how much people ate. "If they don't eat lunch today I'll see what they do tomorrow and then tell the staff." The day's menu choices were on a board in the dining room and people's specific dietary needs were on another board, with only their initials to ensure their privacy, for agency staff to refer to. Staff said there had been photographs of food to help people make choices, but these had been, 'tidied away' by one of the people living in the home.

People chose where to sit in the dining room, some people had their favourite places and some sat in their friendship groups. Tables were nicely laid out, with placemats and cutlery, condiments and drinks were offered to people and, plate collars were provided for people who needed them. Some people chose to remain in the lounge and one person told us, "I usually eat in here the dining room is a long way away."

People had access to health care professionals and there was evidence of good communication in the management of people's care between the provider and external professionals, such as district nurses. We noted advice and guidance given by these professionals had been documented and staff said they followed these. GPs visited the home as required. One person told us, "I can see a doctor or nurse if anything is wrong with me" and, a relative said, "They contact the doctor as soon as they think someone is not very well and they let us know straight away if he is not feeling well, even if it is only a cold."

Requires Improvement

Is the service caring?

Our findings

People said they staff were, "Very nice." "Not bad here, I am happy, yes I am happy here" and, "Staff are friendly and I like them." Relatives said their family members were very well cared for. "We are very happy with the care and he seems very happy, which is what it is about." "The staff are very kind they know how much support people need." "My wife is dry and comfortable now. When I visited before I found she was often wet, now that has been sorted out, which is very good." "There is a nice caring atmosphere and staff know how to look after residents." Staff said they provided the care and support people needed and wanted.

Staff demonstrated a caring attitude and they spoke with people appropriately, with eye to eye contact. They were attentive to people and although they didn't actively engage with everybody they acknowledged people most of the time. However, we saw one member of staff ignored one person when they were giving out afternoon tea. The person asked for a cup of tea several times, to the extent that it was noticed. The tea trolley was directly in front of the person and the staff did not respond to the request verbally and gave tea to other people who had not asked for a drink before this person. The person was finally given a drink and a piece of cake, they asked for more cake and the staff did not respond and a different member of staff gave another piece of cake. This showed that staff did not always respond to people living with dementia appropriately and improvements in terms of the provision of personalised care was needed.

The lounge was used by most people during the morning, they sat with their 'friends' and the atmosphere was relaxed and comfortable. The televisions were on and people and their relatives watched programmes together on the first day of the inspection. People walked around the home and were observed discretely by staff to ensure they were safe, but free to move around as they wished.

Staff took care to ask permission before intervening or assisting. Staff said they always asked people if they needed assistance, they never made decisions for them and it was clear that staff respected people's choices. One member of staff said, "We don't force people, we come back later, sometimes only a couple of minutes and try a different approach. It's how you say it." Staff said they offered people choices throughout the day starting when they got up, such as two or three outfits in the morning when they were getting dressed and they gave guidance if necessary, "It's a bit cold do you think you need a jumper as well."

Staff respected people's privacy and dignity, and they regarded information about them as confidential. One member of staff said, "We do not talk about people's needs in front of other people and we are careful that if we ask someone if they need help we do not embarrass them. Like if they want to use the bathroom." We saw staff asked people if they needed assistance with personal care in a quiet and respectful way, and discretely asked if they needed assistance to use the bathroom. Staff told us they knocked on people's bedroom doors before opening them and asked if they could enter. They said bedroom and bathroom doors were kept closed when they assisted people and, they ensured people were covered to protect their dignity when they were assisted with washing and dressing. One member of staff said, "Talk to people in private, respect them. For example, when you're feeding people do it nicely, don't ram it in." Relatives felt staff looked after their family members and provided the support and care they needed. One relative said, "I

couldn't fault the staff, they are beautiful."

Some staff had an understanding of meeting the diverse needs of people living in the home. There was information in some of the care plans about each people's lives and these had been compiled with people and their families where possible. They contained information that staff could use to help build relationships, such as a family tree, people's strengths, their likes and dislikes, previous occupations and hobbies. Staff said each person was different, they had their own personality and made their own choices as much as possible.

The registered manager said advocates were available to support people if they had no relatives or representatives and information was available in the office. They said this service was not needed at the time of the inspection.

Requires Improvement

Is the service responsive?

Our findings

People said the staff were good and, "Help me if I need it." Relatives felt the support and care provided was appropriate to their family member. One relative said, "They know exactly what he needs and make sure he decides what to do. He is happy here." A visitor told us, "The manager and staff are very good and we always have somewhere private to talk." Relatives said they were involved in decisions about people's support. One said, "Everything is much better now. They don't really know what is going on, but the staff make sure they get involved if they want to."

Some activities were provided for people to take part in if they wished. On the first day of the inspection a member of staff and people were throwing a soft ball in the lounge, music was playing and one person was dancing with staff. People and staff were clearly enjoying themselves that afternoon and pictures had been displayed on the activities board of people taking part in previous art and craft activities. There was no activity programme in place based on people's preferences, but we did not receive any negative comments from relatives about a lack of activities.

People's needs had been assessed before they moved into the home. The registered manager said if people wanted to move into the home their needs were assessed, to ensure they could provide the care and support they needed. Relatives said the registered manager had assessed their family member and one relative said they were glad their family member had moved into the home. The information from the assessments was used as the basis of the care plans. We looked at four care plans and daily records for these people. They contained information about people's care needs, for example, the management of the risks associated with moving around the home and, guidance for staff to follow to ensure people's needs were understood and met. There was information about personal histories and people's choices and preferences. The daily records showed the support and care provided. The amount people ate and drank each day was recorded and, staff said if they had any concerns about a person's nutritional status they contacted their doctor, prompted people to drink and additional food was offered. The registered manager said they were reviewing the care plans to ensure they were personalised and were written with the involvement of people and their relatives and, this had not yet been completed.

Staff explained clearly people's support needs and what action they took if people's needs changed. One member of staff said, "We know people very well and notice if they are not having a very good day. We can see how something could be affecting them and offer additional support or just observe depending on their response." For example, one person appeared withdrawn or asleep during the second day of the inspection and staff said they had been told that day that their spouse had passed away. Staff observed the person and spoke with returned to their room at lunch time.

Relatives said they were involved in discussions about their family member's support needs and any decisions were taken with their agreement. The registered manager told us one family had agreed with the manager that the home could not meet their relative's needs, arrangements were being made for their transfer to a more suitable care home and, the registered manager of the other home would be doing an assessment before the person moved.

A keyworker system was in place which meant staff ensured people's bedrooms were tidy, they had sufficient clothes and toiletries and, contacted people's relatives or representatives if they had run out of anything or needed replacements. Staff said, "I love it here, it feels like I'm not working just enjoying myself." Staff also said about the importance of providing good care, "Put yourself in people's places, how they feel, what are they looking for."

The complaints procedure was displayed in the home and was given to people and their relatives as part of the information provided on admission to the home. Relatives told us they did not have any complaints or concerns and, were confident if they did the registered manager would deal with them. A relative told us, "There isn't anything to complain about, they are all well looked after."

Good

Is the service well-led?

Our findings

From our discussions with people, relatives, staff and the registered manager, and our observations, we found the culture at the home was open and relaxed. Care and support focused on providing the support people living at St Michael's needed and wanted. Relatives said the management of the home was very good, they could talk to the registered manager when they needed to and staff were always very helpful. One relative said, "Everything has settled down now and things are improving."

The management team had changed since the last inspection. The registered manager had been registered with CQC since 2 February 2016, and was responsible for the day to day management of the home. The registered manager had reviewed the quality assurance and monitoring system and at the time of the inspection we found monthly audits in place for incidents and accidents, personnel records and the environment; as well as a three monthly meal and nutritional audit. They said they had developed these to identify areas where improvements were needed and planned to introduce audits to look at all of the services provided at the home.

Staff said the home was well-led. Staff told us, "She is very nice." "Has the right approach." "She comes across as an easy person to work with. Any trouble, if you're not sure just knock on her door" and, "She always takes time to talk to you." Staff said there were clear lines of accountability. They were aware of their own responsibilities and the role of their colleague's on each shift. Staff told us they worked well together as a team and there were systems in place to ensure staff provided the support and care people needed and wanted.

Satisfaction surveys for people living at the home, their relatives and healthcare professionals, were used to collect feedback about the support and care provided and, the results were made available to people, relatives and staff. The responses from the relatives, friends and visitors questionnaires were good overall and the registered manager had identified the two areas where responses were average and had developed an action plan to address these. For example, for the homes décor and satisfaction with care the registered manager's action was to arrange meetings to discuss any issues and address them.

A staff satisfaction questionnaire did not raise any concerns and the feedback from staff during the inspection about the management of the home was positive.

The registered manager and staff told us about their philosophy of care and said they worked together to support people in what they wanted, based on their individual choices and preferences. We observed if people wanted to do something they could, there were no specific times for people getting up or going to bed and, people were involved in decisions about all aspects of the support they received.

Staff said the staff meetings were a good idea. "They keep us up to date with things, like the new manager and how she feels we can make things better" and, "Things can be raised so that we all understand what is happening and if we need to improve. Although I would expect to be told at the time if something is not right." We looked at the minutes from the last staff meetings for staff and senior staff and found the

registered manager introduced herself in the meeting at the beginning of January, explained her background and that she hoped they could all work together to make St Michael's 'the best home in Bexhill'. The meeting later in January was used to identify areas that needed to be improved, including gaps in MAR charts and that some shifts were more organised than others and senior staff must take responsibility for this. This meant that areas that required improvement were acted upon to ensure people's safety.

A 'service users' meeting had been held in January and the minutes showed that people and relatives attended and were involved in discussions about their favourite foods, activities they would like to do and how these could be actioned. One person asked for pets to visit and it was agreed that the deputy manager would contact local groups and, smoked haddock had been added to the menu. This showed that suggestions for change were acted upon.