

Ackroyd House Limited

Aaron House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

We carried out this inspection on 4 October 2017. The inspection was unannounced, meaning that the home's staff and management did not know the inspection was going to take place.

Aaron House is registered to provide residential care for up to 25 older people, including those living with dementia. On the day of the inspection 22 people were using the service.

The home had a registered manager who registered with the Care Quality Commission (CQC) in August 2015. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our last inspection at Aaron House took place on 16 September 2016. The home was rated Requires Improvement overall. We identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014, Need for consent. The registered provider sent an action plan detailing how they were going to make improvements. At this inspection we checked the improvements the registered provider had made. We found sufficient improvements had been made to meet the requirements of this regulation.

At this inspection we found that the management of people's money was not always safe. Records did not always correspond with outgoing transactions. Since the inspection the registered provider has audited all personal accounts held at the service to make sure records are accurate and no money unaccounted for.

We found systems were in place to make sure people received their medicines safely so their health needs were met. Medicine protocols were in place to guide staff when to administer medicines prescribed on an 'as and when' basis to meet their health needs.

Staff recruitment procedures were in place. The registered provider ensured pre-employment checks were carried out prior to new staff starting work. However, this required improvement so that the registered provider verified with potential staff the dates of their previous employment. This included identification and the exploration of any gaps in employment. Following the inspection the registered provider submitted an action plan stating that all new employees' employment records will be checked, including verification and exploration of any gaps in employment.

Staff were provided with relevant training, which gave them the skills they needed to undertake their role. We found staff were receiving regular supervision and appraisal at the frequency stated in the registered providers own procedures.

Sufficient numbers of staff were provided to meet people's needs. We saw staff responded in a timely way when people required assistance.

We looked at care records and found they contained detailed information and reflected the care and support being given. More detail was required in moving and handling support plans.

Two activity coordinators worked at the service and provided a programme of activities to suit people's preferences. We observed activities taking place and feedback from people who used the service was positive. People spoken with were also very positive about their experience of living at Aaron House. They told us they were happy, felt safe and were respected.

Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and they were involved in decisions about their care. People's privacy and dignity was respected and promoted. Staff understood how to support people in a sensitive way.

There were systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were complied with.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice.

You can see what action we told the registered provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

We found that financial records did not always correspond with receipts held.

Gaps in employment were not able to be identified from the application form and were not explored at interview.

The registered provider had systems in place for managing medicines and people received their medicines in a safe way.

Staff knew how to safeguard people from abuse.

Is the service effective?

Good ●

The service was effective.

Staff had been provided with relevant training to make sure they had the right skills and knowledge for their role. Staff also received supervision and appraisal in regard to their development and support.

People were provided with a balanced diet and had access to a range of healthcare professionals to maintain their health.

Staff understood the requirements of the Mental Capacity Act (MCA) and considered people's best interests.

Is the service caring?

Good ●

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People living at the home and their relatives, said staff were very caring in their approach.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date. Staff understood people's preferences and support needs. However, more detail was required in moving and handling support plans.

People living at the home, and their relatives, were confident in reporting concerns to the manager and felt they would be listened to.

Is the service well-led?

Good ●

The service was well-led.

The service promoted a positive and open culture, where staff and people who used the service had confidence in the registered manager. Staff meetings were held.

Audits were carried out regularly which identified required improvements.

Aaron House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 inspection took place on 4 October 2017 and was unannounced. The inspection team consisted of two adult social care inspectors.

At the time of our inspection there were 22 people using the service. During the inspection we spoke with seven people who used the service and visiting relatives. We spoke with the registered provider, compliance manager, registered manager, deputy manager, two senior care assistants, one laundry assistant, the cook and the activities coordinator. We also spoke to two visiting health and social care professionals.

We also spent time observing daily life in the home including the care and support being offered to people.

We looked at documentation relating to people who used the service, staff and the management of the service. This included three people's care records, three staff records, the systems in place for the management of medicines and quality assurance.

Prior to the inspection we gathered information from a number of sources. We reviewed the information we held about the service, which included correspondence we had received and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place, for example where a person who uses the service sustains a serious injury.

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. The PIR was completed and returned as requested.

Before our inspection we contacted staff at Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in

England. They had one documented review in the last 12 months which gave positive feedback about the quality of the food provided and the care that their relative had received. However, they did note some issues with the cleanliness of the environment

We also gathered information from the local authority's contracts team who also undertake periodic visits to the home. They gave us feedback from their recent visit which took place in May 2017.

This information was considered as part of our judgements made about the service.

Is the service safe?

Our findings

People who used the service told us that they felt safe. One person told us "They [staff] are very good; they keep it so clean here."

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made. This meant correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager. They also felt confident they would be listened to, taken seriously and appropriate action would be taken to help keep people safe.

We saw a policy on safeguarding vulnerable adults was available. This meant staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies and procedures were available to them. The staff training records checked showed staff had been provided with relevant safeguarding training.

We saw the registered provider kept a safeguarding log which documented all safeguarding incidents which had occurred at the home. We saw that there had been three safeguarding incidents since January 2017. We looked at individual incidents and saw the registered provider responded to the incidents, followed procedure and took appropriate action to minimise any potential future harm to people. We saw that safeguarding incidents corresponded with our own records which demonstrated the registered provider was reporting incidents as required by regulations.

People's care plans we looked at contained risk assessments. These identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments seen covered all aspects of a person's activity and were individual to reflect the person's needs. We found risk assessments had been regularly reviewed and updated as needed, to make sure they were relevant to the individual and promoted their safety and independence.

We found the management of people's personal finances was not always safe. The service managed money for some people and was stored in a locked safe. The service had a policy and procedure in relation to supporting people who used the service with their personal finances. We saw the financial records were kept in hardcopy. They showed all transactions and detailed any money paid into or out of their account. We looked at financial records for five people and found that there was not always a receipt for transactions. For example, a record showed £11.99 had been used to pay for a taxi but there was no receipt. This meant the registered provider was not able to demonstrate the money had been used for the purpose recorded. We also found that not all receipts tallied with the record. For example, we saw a receipt for £6.98 for a dinner taken outside of the home, but the financial record stated that £8.12 had been taken from the account, which means a potential deficit of £1.14 from the person's account. We found that account balances tallied

with money held in the locked safe. We asked the registered provider to carry out an internal audit on all personal accounts and submit an action plan to the Care Quality Commission (CQC). Since the inspection the registered provider has submitted a completed action plan to show what actions they have already taken in relation to feedback received on the day. This included an audit on people's personal accounts and confirmation that no money was unaccounted for.

We looked at rotas and found they reflected the number of staff working on the day of inspection. The service had two care staff and one senior member of care staff working during the day. The night rota showed one member of care staff and one member of senior care staff were on duty. The staffing numbers were worked out using a dependency tool.

Throughout the day we observed that people received timely care and staff did not appear rushed.

The registered provider told us they only used agency care staff in rare circumstances, such as covering unexpected staff absences. The registered provider told us when agency staff were required they checked agency staff profiles for appropriate training and experience before they were accepted on shift. Agency staff received an introduction to the home by a permanent member of staff handing over. They followed an induction process to orientate agency staff to the people and the home before they started their shift. This shows the service has robust systems around the use of agency staff.

Staff we spoke with told us they had completed pre-employment checks before they commenced their employment with the registered provider. This included references from their previous employer and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. We checked three staff records and all contained the documents required by regulation. However, we identified that employment histories on application forms did not include dates. This meant that gaps in employment were unable to be identified. We also looked at interview notes and saw in each case the registered provider had not explored periods of employment with the staff member. It is important to account for all gaps in employment as part of the recruitment process. We saw Sheffield City Council had visited the service on 5 May 2017 which highlighted to the registered provider the same issue around recruitment checks. We found that the registered provider had not acted on the Sheffield City Council's feedback when we looked at recruitment checks for a new staff member. We asked the registered provider to submit an action plan to the CQC with a list of actions they will complete to demonstrate that they are acting within regulations.

Following the inspection the registered provider submitted an action plan stating that all new employee's employment records will be checked and verified for any gaps in employment.

We found that people's medicines were managed in a safe way. Medicine was administered to people by the senior member of care staff on duty. We saw that medicines were stored appropriately. We saw a fridge was available for medicines which required cool storage. Temperatures of the fridge were taken daily and documented to ensure they remained at an appropriate temperature.

Training records showed staff who administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff could describe these procedures and told us they were observed administering medicines to check their competency.

We looked at three people's Medication Administration Records (MAR's) and found they were accurately completed to reflect that medicines were given as prescribed. People who required medicine on an 'as and when' required basis, had protocols in place which gave details on how and when to administer the

medication.

We saw regular medication audits were undertaken to look for errors and ensure that all staff handling medicines were appropriately trained and competent. We saw records of monthly medicine audits which had been undertaken to make sure full and safe procedures had been complied with. We found the pharmacist had audited the medicines systems on 17 July 2017. The report from this visit identified concerns around poor practice. For example, the medicine trolley left unattended with keys left in the door. We did not observe poor practice taking place during the inspection.

We checked the home was clean and tidy. There were no obvious trip hazards and communal areas were clean. We saw staff followed good hand hygiene procedures and protective equipment such as aprons and gloves were available throughout the building. We saw that the registered provider had recently carried out an environment audit on 12 September 2017. The audit identified several concerns which we observed the registered provider had acted upon. For example the lift control system needed to be renewed to be compliant with legislation. We saw evidence that lift maintenance was carried out on 21 September 2017.

Is the service effective?

Our findings

At our inspection on 16 September 2016, we found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to regulation 11, Need for consent. The registered provider sent an action plan on 27 October 2016 detailing how they were going to make improvements.

At the last inspection we identified that the registered provider did not have appropriate arrangements in place for obtaining people's consent in relation to their care. Where people lacked the capacity to give consent the provider did not act in accordance with legal requirements. At this inspection we found sufficient improvements had been made to meet the regulation.

We looked at the care records for three people who used the service. We found evidence that people were consulted about how they wanted to receive their care and where possible consent was obtained for care and treatment as part of the registered provider's admission process.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection the registered provider told us there were two people living at the home who were subject to a standard authorisation. We saw the registered provider had a robust system in place to monitor existing standard authorisations and pending requests.

A visiting best interest assessor told us; "They [registered provider] clearly understand what it means to have capacity," and "No concerns with MCA practice with staff." A best interest assessor is a professional role and forms part of the DoLS assessment process. They decide whether people who live in a care home, who lack the mental capacity to consent to their care, are being deprived of their liberty and whether, it is in their best interests for them to remain in that care setting.

We saw the service supported some people with their money. The registered provider told us that not all people they supported had the mental capacity to make their own decisions about how their money was spent. Staff therefore followed the principles of the MCA and made decisions on their behalf in 'best interest'. We found capacity assessments were not completed for people who lacked mental capacity around the management of their finances. Following the inspection the registered provider submitted

evidence to show appropriate capacity assessments were in place.

We saw there was a training matrix in place that clearly identified training attended by staff and any training due. The registered provider told us all permanent staff were undertaking or had achieved NVQ 2 in health and social care awards. The registered manager and deputy had completed NVQ 5 and a senior member of care staff was now halfway through NVQ 5. We saw that care staff had completed training which the registered provider deemed as compulsory. This included training on safeguarding, mental capacity act, manual handling, medicines management, food safety, dementia awareness, infection control, fire safety and health and safety. We saw that staff had also completed additional training on Malnutrition Universal Screening Tool (MUST). MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition, or obese. It also provides clear guidance for staff so they know when to escalate concerns around nutrition to a health professional. This meant all staff had appropriate skills and knowledge to support people.

We saw that some staff members were designated 'champions' at the service. We saw champions of fire safety, tissue viability, food and nutrition, dementia and dignity, medication, health and safety and infection control. The role of champion is usually allocated to staff who have an interest or knowledge of their chosen area and can support other staff by giving information or advice. The registered provider told us that champions are supported in their roles by being offered relevant training and the opportunity to attend meetings to discuss good practice.

We looked at the supervision and appraisal matrix. This showed staff had been provided with supervision at regular frequencies and received an annual appraisal for development and support. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their role.

We saw in care records that people had their nutritional needs assessed, including likes, dislikes, allergies or special diets. For example, diets such as pureed food were detailed in care plans. We saw that referrals to relevant professionals were made, such as dieticians, so that people's nutritional needs were assessed, risks identified and an action plan produced to assist staff in meeting that person's nutritional needs. Weight management and monitoring charts were in place and completed at the identified frequency, so that any emerging risks could be quickly identified. Care records we looked at clearly indicated the support people required with food and drink.

We spoke with the cook who was responsible for all the cooked meals. The cook was able to demonstrate that they understood the different dietary requirements people had and asked people what they liked on admission. The cook had completed an NVQ level 2 in food and hospitality. We saw that that cook carried out kitchen audits to maintain the environment and no urgent actions were recorded. We saw that the Food Standards Agency visited on 17 May 2017 and the service was awarded a 5 food hygiene rating, which is very good.

We found a varied and nutritious diet was provided to support people's health. We saw people were regularly offered drinks and snacks. We looked at menus and found they incorporated fresh fruit and vegetables. We saw that meal options were displayed in writing and in pictures. The use of visual aids is a recognised method of communicating with people who have difficulty considering their options or expressing their views.

The care records showed people were provided with support from a range of health professionals to

maintain their health. These included district nurses, GPs and dentists. We observed health professionals visiting people during the inspection. This shows the registered provider is working in partnership with other agencies so people receive effective care and health needs are met.

We carried out observations during lunch time and saw that there was a relaxed and calm atmosphere. We saw that people were offered different food options. People told us that they really enjoyed the food because it was homemade. One person, who was eating dessert commented; "It's really nice." We saw that tables were well presented and staff were aware of, and respected people's food and drink preferences. We observed meaningful interactions between staff and people who used the service.

Is the service caring?

Our findings

People who used the service all made positive comments about the care they received. A visiting relative told us; "Staff are fantastic, I'd recommend Aaron House to anyone."

We saw the service had received several compliments since the last inspection. One person wrote, "Many thanks to you and your staff for everything you do." Another person wrote, "Thank you very much for the kind and considerate care you have given."

We observed caring interactions throughout the inspection. We observed staff providing support to people during mealtimes and found that staff were able to meet people's needs and did so in a caring manner. For example, we observed the care team consistently communicated at eye level when people were seated. We also observed staff chatting with people who used the service in a friendly and familiar way. This demonstrated that staff were caring and committed to meeting people's needs.

We did not observe staff discussing any personal information openly or compromising privacy. Staff understood the need to respect people's confidentiality and understood not to discuss personal information in public or disclose information to people who did not need to know. Any information needed to be passed on about people was done so in a discreet fashion. For example, during staff handovers. This helped to ensure only people who had a need to know were aware of people's personal information.

We looked at the services Statement of Purpose, which sets out their aims and values. This included aims around privacy and dignity; "We aim to respect your privacy and dignity at all times." It had clear guidelines for people to follow and who they could speak to if people were unhappy with their care they had received. For example, we saw a privacy provision in the statement of purpose that stated all people living at the service will have a locked cabinet in their room or a locked cash box. We saw evidence of this at inspection and that people could access a copy of the statement of purpose and service user guide at the entrance.

We observed the registered manager had an open door policy and people who used the service were free to talk to the registered manager when they wanted to. We observed a number of people who used the service going to the registered manager's office and interactions were always caring and meaningful.

We found that the service supported people to express their views and be actively involved in making decisions about their care, treatment and support. We saw the service held a residents meeting on 16 August 2017, upcoming activities like having lunch at the pub or visiting the butterfly house were discussed. The service also gathered feedback from relative meetings. We saw evidence of regular relative meetings being scheduled. Agenda items included menu suggestions, personalising bedrooms and the forthcoming program of activities.

The service had a strong commitment to supporting people who used the service and their relatives, before and after death. Some people had end of life care plans in place. We saw people's next of kin and other significant people had been involved as appropriate. These plans clearly stated how people wanted to be

supported during the end stages of their life. Do Not Attempt Resuscitation (DNAR) forms were included and were reviewed as and when required by the person's doctor and a family relative as appropriate.

Is the service responsive?

Our findings

People living at Aaron House, and spoken with, thought the service was responsive. The relatives we spoke with knew the registered manager by name, as did some of the people who used the service.

We saw a visiting health and social care professional wrote; "Since [service user] arrived at Aaron House, I have witnessed him receive an excellent service where [registered manager] and the staff team have made him very welcome and provided him with the very best of care."

The service responded to people's needs, changing needs and worked in partnership with other professionals so that people received the right support. For example, when we checked that people received the care they had been assessed for and what was identified in their care plan we saw that this was the case. We saw that community health professionals were visiting regularly to make sure that they received the right care and support at the service. When we spoke with health professionals they told us staff met people's needs well and made appropriate referrals for their intervention.

The people we spoke with told us the standard of care they received was good. We saw that in one person's care file they required a hospital bed and a pressure relieving mattress to enhance pressure care to reduce the risk of ulcers. We found equipment was in place and being used. However, we found food and fluid care plans and monitoring required improvement. We saw in one person's care plan they had a fluid intake target. When we checked the person's records we saw the person was frequently not meeting their daily target. There was no record of any action taken to improve the person's intake.

Although care plans gave a clear picture of people's needs improvements were needed to people's moving and handling support plans. For example, we saw in a support plan they required a mobile hoist to assist with their mobility. The care plan did not specify which type of hoist or the size of sling they required. We spoke to staff and they were aware of people's needs in practice and which hoist to use. We asked the registered provider to update care plans to include details of the exact hoist equipment required and improve systems to monitor people's fluid intake.

Following our inspection the registered provider submitted an action plan to the CQC which included an action to update people's care plans to include the include details of the exact moving and handling equipment required. Another action was to implement a new protocol around fluid intake; if daily intake falls below 1100ml then staff are to contact the GP after 5 days for a medical review. This was agreed with the service's GP. We received confirmation from the registered provider to show these actions were complete.

The registered manager told us they hosted a number of events and services at Aaron House; such as regular access to a hairdresser, chiropodist and optician. We saw evidence the service provides trips outside of the home, such as going to restaurants or visiting Cleethorpes for a daytrip. This demonstrates that the service is committed to maintaining community links.

Daily handovers ensured new information was passed at the start of each shift. This meant staff knew how people were each day.

We found that two activity coordinators worked at the home. People told us that they enjoyed the activities provided by the service. A visiting relative told us that also take people out on excursions, such as the pub. This helped positively develop caring relationships with people who used the service.

The registered provider had a complaints procedure and the registered manager kept a record of any concerns received. We saw the registered provider acted on complaints and followed policy.

We saw that the service had an anonymous suggestion box in the corridor so that people, staff and others could raise concerns in confidence.

Is the service well-led?

Our findings

The management team consisted of a registered manager, a deputy manager and senior care staff. This meant that people living at the service and staff had a clear support structure should they need to escalate any concerns.

Staff spoke positively about the management arrangements. Staff told us they felt well-supported, valued and confident bringing any issues to the attention of the management team as these would be resolved quickly and effectively. One staff member told us, "I can speak to [registered manager] any time."

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures seen had been updated and reviewed when practice guidance and legislation changed. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme. The registered provider told us that they had recently implemented a system which monitored when staff had read policies and procedures, including when policies were updated to reflect changes in the law. We saw evidence of this in practice. This meant staff were kept up to date with current legislation and guidance.

We saw the registered manager and the deputy manager were visible and fully accessible on the day of our inspection. We also met the registered provider and compliance manager during our visit and saw that they actively supported the registered manager with the inspection process. Throughout our inspection we saw the registered manager greet people by name and they obviously knew them well.

We saw an inclusive culture in the home. All staff said they were part of a team and enjoyed their jobs. We saw evidence that regular staff meetings took place which looked at what issues staff were experiencing in their roles and what support they needed to do their jobs well. This demonstrated that the management team listened to staff and supported them where applicable.

We saw monthly checks and audits had been undertaken. These included audits of the environment, mattresses, housekeeping, pressure care ulcers, medication and infection control. We saw that audits were being performed monthly and any issues were acted on. For example, we saw a house keeping audit was carried out in July 2017 which identified rooms which needed further cleaning. We saw that this action was signed and dated once completed.

We saw that people's care files were stored in a lockable cupboard in one of the communal lounges. At inspection we observed that this was left unlocked and unsupervised. We told the registered manager who immediately locked this and reminded staff to always lock after use.

We saw that the service complied with Clinical Commissioning Group (CCG) visits. The CCG is a National Health Service (NHS) organisation which is responsible for buying and contracting healthcare, which includes services people receive in a community setting. We saw that the CCG visited Aaron House on 21 July 2017. The report from this visit looked at the safe care and treatment of people who used the service,

the premises and equipment, medicines and infection control. Where concerns had been identified by the CCG we saw that action plans were implemented. This would be improved if the plan was dated when completed. We spoke to the registered provider who told us work had been completed which we verified at inspection. We asked the registered provider to make sure all actions plans are up to date. This shows that the registered provider was able to work in partnership with other agencies in order to drive continuous improvements at the home.

We saw that the registered provider carried out their own visits to the service. In their most recent visit on 27 September 2017 they identified recruitment, and adding shelving to the linen cupboard, were areas for improvement. We saw evidence that these actions were completed. This demonstrates that the registered provider was able to question practice and identify areas of improvement.

We saw that the home provided a seasonal newsletter. The newsletter contained details of significant dates and news, such as work around the home or people's birthdays. This helped people who used the service and their relatives feel more involved with what was going on at the home and enabled them to plan their time accordingly.