

Ashgale House Limited

Ashgale House

Inspection report

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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 

Overall summary

This unannounced inspection of Ashgale House took place on the 28 October 2015.

Ashgale House is registered to provide accommodation and personal care for 14 adults. The home supports people with learning disabilities who may have additional physical or mental health needs. The service is operated by Allied Care Limited. On the day of our visit there were 10 people permanently living in the home plus two people receiving respite care. Public transport and a range of shops are located within a walking distance of the service.

There was a registered manager in place. However, she had recently left the service, and has applied to cancel her registration with us. At the time of the inspection a new manager had been in post for ten days, she informed us she had commenced the process of applying to register with us. A registered manager is a person who has registered with the Care Quality Commission [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.

Summary of findings

The atmosphere of the home was relaxed and welcoming. People participated in a wide range of activities of their choice, and were provided with the support they needed to maintain links with their family and friends.

Throughout our visit we observed caring and supportive relationships between staff and people using the service. Staff interacted with people in a friendly and courteous manner, and understood people's varied communication needs.

Arrangements were in place to keep people safe. Staff understood how to safeguard the people they supported. People's individual needs and risks were assessed and identified as part of their plan of care and support. People's care plans contained the information staff needed to provide people with the care and support they wanted and required.

People were supported to maintain good health. People's health was monitored closely and referrals made to health professionals when this was required. People were provided with a choice of food and drink which met their preferences and nutritional needs.

Staff received a range of relevant training, and were supported to develop their skills and gain qualifications so they were competent to meet people's individual needs. Staff told us they enjoyed working in the home and received the support they needed to carry out their roles and responsibilities. Staff recruitment was robust so only suitable people were employed.

Staff had an understanding of the systems in place to protect people when they were unable to make one or more decisions about their care and other aspects of their lives. Staff knew about the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

There were systems in place to monitor the care and welfare of people and to make improvements to the quality of the service when this was needed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People told us they felt safe and were treated well by staff. Staff knew how to recognise abuse and understood their responsibility to keep people safe and protect them from harm.

Risks to people were identified and measures were in place to protect people from harm whilst promoting their independence.

Medicines were managed and administered safely. However, we found some records needed improving, which were addressed promptly by management staff.

Staff recruitment was robust so only suitable people were employed. The staffing of the service was organised to make sure people received the care and support they needed and wanted.

Good



Is the service effective?

The service was effective. People were cared for by staff who received the training and support they needed to enable them to carry out their responsibilities in meeting people's individual needs.

People were provided with a choice of meals and refreshments that met their preferences and dietary needs.

People were supported to maintain good health. They had access to a range of healthcare professionals to make sure they received effective healthcare and treatment.

Staff were aware of their responsibilities regarding the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and their implications for people living in the home.

Good



Is the service caring?

The service was caring. Staff were kind and provided people with the care and support they needed. Staff respected people and involved people in decisions about their care. People's independence was encouraged and supported.

Staff understood people's individual needs and respected their right to privacy. Staff had a good understanding of the importance of confidentiality.

People's well-being and their relationships with those important to them were promoted and supported.

Good



Is the service responsive?

The service was responsive. People received personalised care that met their individual needs. Each person had a care plan with guidance that detailed their specific needs and how they were met.

People were supported to take part in a range of recreational activities. People's religious, cultural and specific needs were respected and accommodated.

People knew who they could speak with if they had a complaint. Relatives of people felt able to raise any concerns they may have about the service. Staff understood the procedures for receiving and responding to concerns and complaints.

Good



Summary of findings

Is the service well-led?

The service was well led. People using the service and their friends and relatives told us the home was well run. They informed us the management staff and care workers were approachable, listened to them and kept them informed about the service and of any changes.

People were asked for their views of the service, and action was taken to make improvements when issues were identified. Staff had the opportunity to provide feedback about the service and issues raised were addressed appropriately.

There were processes in place to monitor and improve the quality of the service.

Good



Ashgale House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one inspector. Before the inspection we looked at information we held about the service. This information included notifications sent to the CQC and all other contact that we had with the home since the previous inspection. During the inspection we looked at the Provider Information Return [PIR] which the provider completed before the inspection. The PIR 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 discussed with the manager during the inspection.

There were twelve people using the service, most people could not tell us about what they thought of the home because of their complex needs and being unable to verbally communicate with us. Therefore to gain an understanding of people's experience of the service we spent time observing staff interaction with people when they provided people with the care and support they needed. We also spoke with the provider, manager, deputy manager, and care workers including senior care workers.

We also reviewed a variety of records which related to people's individual care and the running of the home. These records included; three people's care files, four staff records, audits, and policies and procedures that related to the management of the service.

Following the inspection we spoke with three relatives and friends of people using the service. We also contacted four health and social care professionals to obtain information about the service. At the time of this report we had not received feedback from the health and social care professionals that we had contacted.

Is the service safe?

Our findings

Relatives and friends of people we spoke with told us they felt people were safe living in the home. They told us “I feel [Person] is safe,” “I don’t worry about [Person],” and “The home will call me if they have any concerns about [Person].” A person we spoke with told us they felt safe and knew who to speak to if they were worried about something.

There were policies and procedures in place, which informed staff of the action they needed to take to keep people safe and when they suspected abuse. The contact details of the lead local authority safeguarding team were displayed within the home. Staff were able to describe different kinds of abuse and were aware of whistleblowing procedures. They told us they would immediately report any concerns or suspicions of abuse to the manager. They were confident that any safeguarding concerns would be addressed appropriately. Staff informed us they had received training about safeguarding people and training records confirmed this.

There were appropriate arrangements in place for supporting people to manage their finances. We saw receipts of expenditure and appropriate records were maintained of people’s finances including their spending. To reduce the risk of financial abuse regular checks of the management of people’s monies were carried out by senior staff and auditors employed by the provider.

There were systems in place to manage and monitor the staffing of the service to make sure people received the support they needed and to keep them safe. The manager told us that the two people who were receiving respite care at the time of the inspection spent time regularly in the home and had one-to-one support from staff. This was verified during the inspection. The manager informed us that recruitment of staff was taking place and until that was completed there were some agency staff who regularly worked in the home and knew the people using the service well, so understood their needs. Staff told us they were busy but felt there was enough staff on duty to provide people with the care they needed safely. Comments from staff included “Sometimes there are lots of appointments and activities. I ask the manager for extra staff and they get them.” The deputy manager told us staffing levels were adjusted to meet changes in needs. Staff provided us with

examples of extra staff being on duty to accompany people on holiday and to support people to attend some activities and appointments outside of the home. A relative told us they felt there were enough staff on duty.

The manager told us that there was a very low turnover rate of staff, and some staff had worked in the home for several years. Care workers confirmed there was consistency of staff who all knew people well and understood their individual needs. Staff we spoke with knew how to respond to people’s behaviour when it challenged the service. Care plans included triggers for behaviours that challenged the service and the measures in place for supporting the person. Staff told us they had received training in managing behaviour that challenged the service. Records confirmed this. A person using the service told us they knew the staff well and spoke in a positive manner about the staff including their key worker. The person informed us they would speak to the manager and their friend if they had concerns about their personal safety and/or welfare. We found staff had time to talk with people and to support them in participating in a range of activities. Relatives of people told us there were sufficient staff to regularly arrange, support and accompany people on visits to their homes.

The four staff records we looked at showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. These included checks to find out if the prospective employee had a criminal record or had been barred from working with people who needed care and support.

Care plan records showed risks to people were assessed and guidance for staff to follow minimised the risk of people being harmed but also supported them to take some risks as part of their day to day living. Risk assessments were personalised and included risk management plans. They had been completed for a selection of areas including people’s behaviour, mobility, choking, use of transport, swimming and environmental risks within the home. Risk assessments were regularly reviewed. Records showed some people needed support when accessing the kitchen to ensure they were safe, particularly when cooking was in progress. Following the

Is the service safe?

inspection the deputy manager told us all the people using the service now had a risk assessment with regard to access of the kitchen. Accidents and incidents were recorded and addressed appropriately.

Medicines were stored and managed safely. An up to date medicines policy which included procedures for the safe handling of medicines was available. Medicines administration records [MAR] showed that people received the medicines they were prescribed. There were arrangements in place in relation to obtaining and disposing of medicines appropriately. Bottles of liquid medicines were dated when they had been opened however; we found two medicines that did not include the date of opening. Checks of the medicines were carried out to make sure they were managed safely. However the last recorded audit was in February 2015. Following the inspection the deputy manager told us a medicines audit had been carried out by him and the manager and improvements had been made when needed. Staff administering medicines had received medicines training. Training certificates confirmed this. The manager told us and records showed some further staff training had been planned. Following the inspection the deputy informed us this training had taken place.

There were various health and safety checks and risk assessments carried out to make sure the care home building and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the fire safety, gas and electric systems. Although regular fire drills took place it, records showed they took place during the day so it was not evident that night staff had participated in regular fire drills. The manager told us she would ensure night staff and people using the service had the opportunity to participate in fire drills. There was clear fire guidance displayed in the home.

The home was clean. Soap and paper towels were available and staff had access to protective clothing including disposable gloves and aprons. We saw that two bins in bathrooms used for waste paper towels did not have covers on them. Following the inspection the deputy manager told us these had been promptly replaced with waste bins which had lids. Anti-bacterial hand gel was accessible to staff and visitors to minimise spread of infection.

Is the service effective?

Our findings

A person using the service told us they received the care and support they wanted and needed.

Relatives of people informed us they found all the staff to be competent and felt they knew people well. They told us staff understood people's individual needs and said "The staff are nice and very welcoming," and "They [staff] are kind and friendly." Care workers were positive about their experiences working at the home and told us they enjoyed their job supporting and caring for people.

Staff told us they received the training they needed to provide people with effective care and support. They informed us when they started working in the home they had received a comprehensive induction, which included 'shadowing' more experienced staff so they knew what was expected of them when carrying out their role in providing people with the care they needed. A senior care worker also told us they had learnt about the organisation and its policies and procedures during their induction. Staff told us they got to know the people using the service and their needs by speaking with them and by communicating with them in the way they understood such as by signing. Care workers told us they regularly read people's care plans and spoke with other team members to understand people's needs and to provide them with the care they needed. The manager told us new care staff would be completing the new induction Care Certificate which is the benchmark that has been set in April 2015 for the induction of new care workers.

Staff had received relevant training to provide people with the care and support they needed. Training records showed staff had completed training in a range of areas relevant to their roles and responsibilities. This training included; safeguarding adults, medicines, basic first aid, health and safety, food safety and MCA/DoLS. Staff had also received training in other relevant areas including diabetes, writing records, nutrition and hydration, dementia and learning disabilities.

Staff were supported by the provider to obtain vocational qualifications in health and social care which were relevant to their roles. Certificates we looked at confirmed this. The

deputy manager told us that all staff had completed one or more qualifications related to their work. Staff told us the process of gaining these qualifications had helped them understand their role more fully.

Staff told us they felt well supported by the management staff. They said they received regular supervision meetings and appraisals with senior staff to monitor their performance, identify their learning and development needs, discuss best practice and people's needs. A senior care worker told us they received formal supervision every three months. Records of staff supervision meetings showed that there were some significant gaps of time between some staff one-to-one supervisions. The manager told us that she had arranged everyone to have a supervision meeting promptly and would organise them to take place monthly. One member of staff told us they were due an appraisal another care worker told us they had received an appraisal two months ago.

People's needs and the service were discussed during staff shift 'handover' meetings. Staff told us there was very good communication among the staff team about each person's needs, so they were up to date with people's progress and knew how to provide people with the care and support they needed. Relatives of people told us "They look after [Person] well," and "[Person] gets the care they need."

People were supported to maintain good health and were referred to relevant health professionals when they were unwell and/or needed specialist care and treatment. Records showed people had access to a range of health professionals including; GPs, psychiatrists, opticians, speech and language therapists and dietitians to make sure they received effective healthcare and treatment. People spoke of attending health appointments. Their relatives and records confirmed this. A person told us they saw a doctor whenever they were unwell.

The manager, deputy manager and care staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA is legislation to protect people who are unable to make one or more decisions for themselves. Information about the MCA was displayed. Staff knew what constituted restraint and knew that a person's deprivation of liberty must be legally authorised. Staff training certificates confirmed they had completed MCA and DoLS training. The deputy manager told us two people were subject to a DoLS authorisation at the time of our visit and two other

Is the service effective?

applications for DoLS had been made. The manager told us she would review the needs of all the other people using the service and make further applications for authorisation of DoLS when appropriate.

People's care plans showed they were supported to be involved in decisions about their care and treatment. Staff knew that when people were assessed as not having the capacity to make a specific decision, health and social care professionals, staff and on occasions family members would be involved in making a decision in the person's best interests. A care worker told us that family members were frequently involved in supporting people to make decisions in the best interests. The deputy manager told us that one person had an independent mental capacity advocate [IMCA] to support the person in making decisions in their best interest about their care and treatment. Records showed that a number of decisions in people's best interests had been made. These included individual decisions about people going on holiday and the purchase of some personal items.

Care workers we spoke with were knowledgeable about the importance of obtaining people's consent regarding their care and treatment and in other areas of their lives. A person using the service told us that staff ask for their consent when assisting them with their personal care.

We found people's nutritional needs and preferences were recorded in their care plan and accommodated for. Staff we spoke with had knowledge and understanding of people's individual nutritional needs including their religious and medical dietary needs. Records showed referrals were made to speech and language therapists when people had swallowing difficulties or were at risk of choking.

People were complimentary about the meals and told us they were provided with choice and had been asked about

the food they liked. Records confirmed this. A person told us "The food here is nice." The menu included a range of meals, which catered for people's varied preferences, dietary and cultural needs. It was displayed in written format and there was a file with photographs of meals on the menu, which a care worker told us helped people who could not read choose what they wanted to eat. Displaying photographs of the meals of the day was discussed with the manager. Following the inspection the deputy manager told us photographs of the meals of the day were now displayed in the kitchen so people using the service could see what the meals were without having to ask staff. Some people had personal menus which had been developed with their relatives. Staff spoke about the various ways they supported people to choose their preferred meals. They told us some people make signs such as pointing or nodding and shaking their head when provided with a choice of meal. We saw people being asked what they wanted for lunch and receiving the meal that they asked for.

People were provided with assistance with their meals when this was needed. They were not rushed and staff engaged with them in a positive manner whilst supporting them. People's weight was monitored closely. Staff knew to report significant changes in people's weight to management staff. Records showed a dietitian had provided advice about some people's dietary needs and had assessed the menu's nutritional content. Guidance about eating and nutrition was displayed in the kitchen. Staff we spoke with were knowledgeable of people's medical dietary needs, when they needed a pureed diet and of any food allergies they had. Fresh fruit was accessible to people.

Is the service caring?

Our findings

The atmosphere of the home was relaxed. During our visit we saw positive engagement between staff and people using the service. Staff spoke with people in a friendly and sensitive way. People we spoke with were complimentary about the staff and told us they treated them well and provided them with the care and support they needed. One person smiled and nodded when we asked them if staff were kind to them. A person commented “They [staff] are nice to me, they help me.” Relatives of people told us “Staff have been fantastic,” “[Person] gets the care he needs,” and “They [staff] are kind and friendly.”

People had lived in the home for several years and staff we spoke with knew them very well. Staff told us about the importance of building a rapport with people using the service and involving people and those important to them in decisions about their care. A person told us they were happy with the care they received and were involved in decisions about their care. During the inspection we found staff took time to listen to people, involve people in conversation and respected the decisions they made. Staff understood people’s individual communication needs, which were identified within the person’s support plan. We saw staff communicating and engaging with people in a positive manner in the way they understood.

Staff told us they were happy working in the home, enjoyed supporting and caring for people using the service and worked well as a team. A care worker told us that due to the significant range of people’s needs communication between the staff team was very important so they knew how to provide the care people needed in the way people wanted. Staff confirmed they read people’s care plans and received detailed information about each person’s progress during each shift so understood people’s individual needs and were able to provide people with the care they needed. Records showed ‘handovers’ took place during each shift when staff discussed each person’s needs.

Each person had a key worker who supported them in their day to day lives. A person told us the name of their key worker who they said accompanied them on shopping trips, holidays and regularly talked with them. A member of staff told us they liked their key worker role and told us their key person was “Close to me, [Person] shares things with me. [Person] discussed their wishes about a holiday and their birthday with me.”

Staff understood people’s right to privacy and we saw they treated people with dignity. A care worker told us they would not hesitate to report to the manager any lack of respect staff showed to people. The service had a confidentiality policy. Staff had a good understanding of the importance of confidentiality. Staff knew not to speak about people other than to staff and others involved in the person’s care and treatment. People’s records were stored securely.

Staff told us they supported people to retain as much of their independence as possible by encouraging people to make decisions and by being provided with equipment and aids that supported their mobility. A person spoke about the importance of their wheelchair in enabling them to move about the home independently. A care worker told us how they encouraged and supported a person to independently make choices about the sort of toiletries they purchased.

People were supported to maintain the relationship that they wanted to have with friends, family and others important to them. A care worker told us “We have lots of contact with people’s families; we inform them of even small things.” Records showed and people’s relatives told us that people had regular contact with family and friends. Relatives told us about staff supporting people to visit them in their homes. They told us how important this was to them and the people using the service. Comments from relatives included “[Person] visits me at home,” “I go often to see [Person],” and “They arrange for [Person] to visit us.” Relatives of people told us they were kept informed about people’s progress and staff understood people’s needs. A relative told us they had regular contact with a person’s key worker and were involved in decisions about the person’s care.

Care plans included information about people’s life history and their spiritual needs. Staff were knowledgeable about people’s religious needs. Records, staff and people using the service confirmed a variety of religious festivals as well as people’s birthdays were celebrated by the service. A person described a birthday cake that they had received on their birthday. Staff had a good understanding of equality and diversity. Records showed this had been discussed during staff meetings. A senior care worker told us they had

Is the service caring?

received training about equality and diversity. They were knowledgeable of peoples varied cultural needs and beliefs and told us about the importance of treating people in the same way and respecting people's diverse needs.

Is the service responsive?

Our findings

A person told us they were involved in their care and knew about their care plan. Relatives informed us they were also fully involved in decisions about people's care. A relative told us "I discuss [Person's] care plan and attend review meetings."

Staff told us that before a person moved into the home information about the person's needs was obtained from health and social care professionals and an initial assessment carried out to determine if the service was able to meet the person's needs and to make sure they were compatible with people using the service.

People's care plans showed us assessment of people's needs formed the basis of their care plan and identified where people needed support and guidance from staff. The three care plans we looked at contained detailed information about each person's health, support and care needs and what was important to them. There was also comprehensive written guidance about how to provide people with the care they needed. One person's care plan had recently been updated into a new 'person centred' format which demonstrated the person was central and the focus of their plan of care, which was tailored specifically to the person's individual needs. The manager told us that all the care plans would be written in this format in the near future. Staff told us people's needs were assessed and monitored on a day to day basis by the staff team. Records of people's care and support were completed during each working shift so staff had up to date information about each person's needs.

Relatives of people told us they were kept informed about family members' well-being, and were contacted when people's needs had changed and about significant issues to do with their lives. A care worker provided us with an example of a person's significant change in health needs being discussed by staff and action had been taken, which included contacting the GP to review the person's medical needs. Another care worker told us about their role in providing support for new staff in helping them to understand people's needs. They told us "I talk with staff about people's behaviour."

Records showed people's care plans were reviewed regularly, and when people's needs changed, for example when they became unwell or when their behaviour

challenged the service. Records showed reviews of people's needs took place regularly with the involvement of family members and on some occasions health and social care professionals. Providing people with the opportunity to have a copy or summary of their plan of care in a format they understood was discussed with the manager who told us this would be addressed.

People's individual choices and decisions were recorded in their care plan. Each person had an individual activity plan which we saw adhered to during the inspection. Staff were knowledgeable about people's preferences and the type of activities they enjoyed. They supported people to follow their interests, take part in a range of activities and to maintain links with the wider community. A care worker told us about a person using the service who uses a picture board to show staff what they wanted to do. The care worker said "[Person] points to pictures of what he likes and what he wants to do." We were shown a person's picture boards during the inspection.

A person told us they went shopping regularly, which they enjoyed. They also told us about the pet birds they had and their role in looking after them. Records showed people took part in a range of activities. These included swimming, shopping, going to the cinema and restaurants, other outings and holidays. Activities that people participated in during the inspection included doing jigsaw puzzles, watching television, spending time in the sensory room, swimming and manicures. The deputy manager informed us that barbecues in the garden took place in the summer. People and staff told us that people regularly enjoyed holidays abroad. A person told us about the holiday they had recently enjoyed. Records showed people had been involved in choosing and planning of the holiday.

People also participated in household tasks including the laundering of their clothes, vacuuming, food shopping and tidying their rooms. A person participated in the laundering of their clothes during the inspection. They told us they chose what to wear. The person said "I help buy food and to tidy my room."

The service had a complaints policy and procedure for responding to and managing complaints. The complaints procedure was displayed in picture and written format. Staff knew they needed to take all complaints seriously and report them to the manager.

Is the service responsive?

Relatives of people told us they had no concerns or complaints about the service. They said they would feel comfortable raising complaints, and were confident they would be addressed appropriately and promptly. Records showed the management of complaints had been discussed with staff during a staff meeting. Complaint

records showed they had been managed and addressed appropriately. Records showed people's relatives had complimented the service. Comments included "We are happy with the great care and understanding that your staff provides," and "Thank you for all the love and care you give [Person]. I know [Person] is very happy."

Is the service well-led?

Our findings

People and their relatives spoke in a very positive manner about the service. They told us management staff were approachable and communicated with them well. We saw by a person's facial expressions they were very pleased to see the provider when he visited the home during the inspection. Comments from people using the service included, "I like it here," and "I am happy."

There was a clear management structure in place which consisted of the provider, manager, deputy manager, senior care workers and care workers. The manager had only been managing the service for a short while and told us she was in the process of reviewing the service and would make improvements when needed. For example she told us she had recognised that there were some staff who had not had one-to-one staff supervision for a while and had taken action to make sure these meetings took place. The manager told us the home had an 'open door' policy so people could speak to senior staff at any time. A person using the service told us they felt able to talk to management staff at any time.

Regular team meetings provided staff with the opportunity to receive information about any changes to the service and to discuss and raise any concerns or comments they had. The manager told us and records showed that a staff meeting had been planned to take place on the day following the inspection. A care worker told us the management staff listened and addressed issues that were brought up by staff. They told us "We can discuss any issues we want." A senior care worker informed us that a person's bedroom had been redecorated in response to staff feedback. Staff told us best practice was discussed during staff meetings and told us "We talk about ways to improve."

People had been provided with a service user guide which included information about the service.

A person using the service told us staff listened to them and they had the opportunity to feedback about the service on a day to day basis and during their care plan reviews.

People also had the opportunity to attend regular resident meetings where they were asked for feedback about a range of areas to do with the service. Records showed that people using the service had discussed a range of areas including activities, holidays, and keyworkers during residents meetings. Care workers told us they encouraged people to provide feedback and told us "We encourage people to express themselves and to tell us what they want to improve."

The manager told us that people's relatives were regularly contacted by telephone to inform them about people's well-being and to gain feedback about the service. People's relatives confirmed this. The manager told us she was in the process of introducing herself to people's relatives and those important to them.

Records showed satisfaction surveys had been completed in 2015 by people using the service, their relatives, staff and health and social care professionals. Results of this feedback showed people were satisfied with the service. Records showed the home worked well with partners including health and social care professionals to provide people with the service they required.

Policies and procedures service we looked at were up to date. Staff knew about the policies and how to access them when this was required. Confirmation of up to date insurance cover for the service was displayed.

Representatives of the provider, the manager and deputy manager undertook audits to check the quality of the service provided to people. This included checking the quality of people's care records, fridge/freezer and hot food temperature monitoring, staff training, trips and falls, infection control, staff recruitment files, people's finances, health and safety checks and the management of medicines. Speaking with staff and records of audits we looked at indicated improvements were made when found to be needed. Examples included checks of people's mattresses had led to some being replaced and information about advocacy services had been added to the service user guide.