

Rotherham Metropolitan Borough Council

Lord Hardy Court

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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The unannounced inspection took place on 19 December 2016. We last inspected the service in July 2014 when it was found to be meeting the regulations we assessed.

Lord Hardy Court provides mainly respite and intermediate care for up to 60 older people, including those living with dementia. It also supports a small number of people on a permanent basis. The home consists of four units, and is located in the Rotherham suburb of Rawmarsh. At the time of our inspection there were 51 people using the service.

The service did not have a registered manager in post at the time of our inspection. However, the acting manager told us they had begun the process to register with us to become the registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The home was clean and generally well decorated, with a relaxed and friendly atmosphere. People we spoke with made positive comments about how staff delivered care and said they were happy with the way the home was managed, as well as the facilities available. We saw staff supported people in a caring, responsive and friendly manner, while including them in decision making. People were encouraged to be as independent as possible, while taking into consideration their abilities and any risks associated with their care.

People told us they felt the home was a safe place to live and work. Systems were in place to protect people from the risk of harm. Staff were knowledgeable about safeguarding people from abuse, and were able to explain the procedures to follow should there be any concerns of this kind. Assessments identified any potential risks to people, such as falls, and care files contained management plans to reduce these risks.

Medicines were stored safely and procedures were in place to ensure they were administered correctly. We found the temperatures of fridges and medication storerooms were within acceptable limits; however these had not been consistently recorded on each unit to ensure temperatures remained within the safe limits for storing medication. We saw people either managed their own medication, or were assisted by staff who had been trained to carry out this role.

Overall there was enough skilled and experienced staff on duty to meet the needs of the people living at the home at the time of our inspection. The recruitment process was robust and helped the employer make safer recruitment decisions when employing new staff. Staff had received a structured induction into how the home operated and their job role at the beginning of their employment. They had access to a varied training programme and periodic support sessions to help them meet the needs of the people who used the service, while developing their knowledge and skills.

People were provided with a choice of healthy food and drink ensuring their nutritional needs were met.

Specialist diets were provided if needed and the people we spoke with said they were happy with the meals provided. However, we saw that on the unit for people living with dementia, some people had to wait for assistance to eat their lunch. The manager told us they were addressing this.

People's needs had been assessed before they stayed at the home. If someone was admitted at short notice staff had collated as much information as possible prior to, and on admission. We saw people had been involved in planning their care, as well as on-going reviews. Care plans reflected people's needs and preferences and had been updated regularly to ensure they reflected people's changing needs. However, we noted that new information had not been incorporated into one person's risk assessment and best interest documentation in another file was incomplete.

The home did not have a dedicated activity co-ordinator to facilitate a structured programme of activities. We found care staff aimed to provide social activities to stimulate people when they had time, but provision was spasmodic. Staff told us they were often too busy to facilitate regular activities so often relied on volunteers and outside entertainers to provide social activities. People told us they had enjoyed the activities they had participated in.

The company's complaints policy was available to people using or visiting the service. We saw that when concerns had been raised these had been investigated and resolved promptly. The people we spoke with raised no concerns.

There was a system in place to enable people to share their opinion of the service provided and the general facilities available. We also saw a structured audit system had been used to check if company policies had been followed and the premises were safe and well maintained. Where improvements had been identified action plans had been put in place to address shortfalls. However, the audits had not identified shortfalls such as the medication storage temperatures not being consistently recorded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were knowledgeable about how to recognise signs of potential abuse and the procedures for reporting any concerns. Assessments identified risks to people, and overall management plans were in place to reduce any potential risks.

Recruitment processes were thorough, so helped the employer make safer recruitment decisions when employing new staff.

Robust systems were in place to make sure people received their medications safely, this included staff receiving medication training.

Is the service effective?

Good ●

The service was effective.

Records demonstrated the correct processes were being followed to protect people's rights, including when Deprivation of Liberty Safeguards had to be considered.

A structured induction and training programme ensured staff had the knowledge and skills to meet the needs of the people they supported.

People received a well-balanced diet that offered variety and met their individual needs. People indicated they enjoyed the meals and snacks provided, but the dining experience could be improved on the unit for people living with dementia.

Is the service caring?

Good ●

The service was caring.

Staff interacted with people in a kind and sensitive manner. They respected people's preferences, and ensured their privacy and dignity was maintained.

People were encouraged to maintain and improve their independence and life skills.

People were supported to maintain important relationships and relatives were made to feel welcome when they visited the home.

Is the service responsive?

The service was responsive, although we identified some areas where improvements could be made.

Care plans reflected people's needs and had been reviewed in a timely manner. However, changes in people's needs had not always been fully incorporated into all care records, and decisions made in people's best interest were not always clearly recorded in their care files.

There was no dedicated activity staff or a structured activities programme. Due to staffs workload activities were not consistently available for people to participate in. People said they enjoyed the activities that had been arranged.

There was a system in place to tell people how to make a complaint and how it would be managed. People told us they would feel comfortable raising any concerns with staff.

Requires Improvement ●

Is the service well-led?

The service was well led.

There was no registered manager at the time of the inspection, but the acting manager had begun the process to become registered with the Commission.

There were systems in place to assess if the home was operating correctly and people were satisfied with the service provided. This included audits, meetings and questionnaires.

Policies and procedures were available to inform and guide staff and the people who used the service. Staff were clear about their roles and responsibilities.

Good ●

Lord Hardy Court

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.

The unannounced inspection was carried out on 19 December 2016, being unannounced means the provider and staff did not know we were inspecting the home that day. The inspector was accompanied by an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications from the home. We asked the provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We also obtained the views of professionals, such as Healthwatch [Rotherham]. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with five people who used the service and five visitors. We spent time observing care throughout the service. We spoke with the acting manager, the deputy manager, a shift leader, five care staff and the cook.

We looked at documentation relating to people who used the service and staff, as well as the management of the service. This included reviewing four people's care records, four staff recruitment and support files, medication records, audits, policies and procedures.

Is the service safe?

Our findings

People we spoke with said they felt the home provided a safe environment for people who lived and worked there. One person using the service said they felt safe because staff always responded quickly to the call bell that they wore around their neck. Relatives we spoke with told us they felt that their family member was supported safely. For instance, when we asked one relative about this subject they told us, "Yes, they are very well looked after and safe and secure. [Family member] has had falls, that staff try to avoid."

Staff demonstrated a good understanding of people's needs and how to keep them safe. They could explain how they encouraged people to maintain and regain their life skills while monitoring their safety. For instance, facilities were in place to enable people to make hot drinks and climb stairs, as part of their rehabilitation.

We found records were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them. We also found equipment such as specialist beds, sensor pads, bed side safety rails and bumpers were used if assessments determined these were needed. However, we noted in one of the care files we looked at that changes in the care plan were not reflected in the manual handling risk assessment. This had not had a detrimental effect on the person, or staff supporting them, but there was the potential for information to be interpreted wrongly.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The manager and staff had a good knowledge of the local authority's safeguarding adult's procedures, which aimed to make sure incidents were reported and investigated appropriately. We saw all staff had attended periodic training in safeguarding people from abuse.

Overall we found there were enough staff available to meet people's individual needs. However, the home had been undergoing some changes which involved additional placements for people with intermediate care needs and redeployment of staff from another of the council's homes. The manager said this had resulted in some staff shortages, with an increased use of bank and agency staff at the home. They added that this had now settled down and they were recruiting into vacant positions. Staff told us they felt that overall there was sufficient staff on duty to meet people's care needs, but some felt additional staff would be beneficial to facilitate more social activities.

During our visit we observed that people's needs were met promptly. Most people we spoke with felt there were enough staff on duty to meet people's needs. For instance, someone using the service told us they felt staff were "Pretty alert." They said when they pressed the call bell on their wrist staff spoke to them through the intercom or came straight over to them. A relative told us they felt there was enough staff adding, "Staff levels have improved now, but you can never have enough staff." However, another relative told us they felt, "There isn't enough [staff] at times." They said this was because some people needed two members of staff to assist them to the toilet which they felt, "Led to not enough staff being available to deal with other residents."

The staff files we sampled demonstrated that a satisfactory recruitment and selection process was in place. This included essential pre-employment checks, such as two written references, and a satisfactory Disclosure and Barring Service (DBS) check being undertaken. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

The service had a medication policy which outlined how medicines should be safely managed. We checked if the system had been followed correctly and found it had. We observed a member of staff administering lunchtime medication on the residential unit. The staff member administering the medication did so in line with good practice guidance. Later we discussed the system for ordering and managing medicines going in and out of the home. This included a safe way of disposing of medication refused or no longer needed.

We also looked at how medication was managed on a unit providing intermediate care [short term rehabilitation care]. A senior member of staff described a robust system to make sure staff had followed the home's medication procedure. For example, we saw regular checks had been carried out to make sure that medicines were given and recorded correctly, and remaining medication tallied with the stock held. We saw people on this unit retained their medication in a secure cupboard in their room. People had been encouraged to be responsible for administering their own medication, after undertaking an assessment of their capability to do so safely. Staff told us stock and records for people administering their own medicines were checked regularly to make sure they had been taken correctly and if not, why this had not happened.

The pharmacists audit completed in October 2016 highlighted several areas that needed attention. This included improving the way medication was signed in and out of the home, staff not signing medication administration records [MAR] to acknowledge they had administered medication and recording fridge and storeroom temperatures. The records we checked were in order with MAR signed appropriately and a returns book in place to record all medication returned to the pharmacy. However, we saw the temperature of the medication storerooms and for refrigerators used to store medication needing to be kept cool, had not been consistently monitored on two of the units we visited. We discussed this with the staff on the units and with the manager, who said they would ensure these temperatures were recorded consistently in the future.

Following the inspection the manager confirmed the importance of carrying out these checks had been reiterated to staff and better monitoring had commenced. She also told us the subject was to be discussed at the next senior care staff meeting and random checks were to be made to ensure staff were following the guidance.

Is the service effective?

Our findings

People's comments about the way staff delivered care and support were complimentary. A relative told us they felt staff were skilled in what they do because, "[family member] is always encouraged to be as independent as they can be and they are supported to use appropriate equipment." Another relative said they thought staff had the necessary skills because they "Know how to use the hoists and equipment safely" when people needed to move around the home. A third visitor told us they felt that staff were "Skilled at the job because they receive on-going training and do NVQ's."

We found staff had the right skills, knowledge and experience to meet people's needs. The manager told us new staff undertook a structured induction when they started to work at the home which included becoming familiar with the home's policy and procedures, shadowing an experienced care worker and completing essential training. This included attending an induction day and a moving people safely course. The staff we spoke with confirmed this. Staff described how agency staff were introduced to the home, which ensured they knew how the home operated and their role, but we found there was no recorded induction for agency staff to complete. The manager demonstrated that agency staff had completed appropriate training through the agency they worked for, but said they would formulate and introduce a suitable induction process as soon as possible.

Following staff induction, other training, either face to face, e-learning or distance learning had been completed and periodically updated. We looked at staff training files and computerised training records. The latter only gave details of the training completed in 2016, therefore it did not provide a clear overview of the last time staff had undertaken mandatory training courses. The manager told us they were currently looking at how to record training better. Staff files contained certificates of completion for subjects such as; health and safety, dementia awareness, moving people safely and emergency first aid. Staff told us they felt they had received all the training they required to carry out their job role. We also saw staff had access to a nationally recognised qualification in care, which enabled them to expand their knowledge.

There was a system in place to provide staff with regular support sessions and an annual appraisal of their work performance. Staff told us they felt well supported, but we found most staff had only had one to one supervision approximately twice over the previous year. The manager told us the shortfall was due to staff changes and they were aiming to ensure staff received support sessions more regularly in the future. Annual appraisals had taken place. Staff told us that meetings and staff observations, as well as 'informal chat's' had ensured they had appropriate supervision and support.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). This legislation is used to protect people who might not be

able to make informed decisions on their own.

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. Records showed staff had received training in this subject, and those we spoke with had a satisfactory understanding of the principles of the MCA, which ensured they would be able to put them into practice if needed.

We found documentation was in place that showed the correct process had been followed for people who had DoLS authorisations in place. Where conditions were attached to a DoLS we found these had been followed. We were informed that several other DoLS applications had been sent to the local supervisory authority for their consideration, but the manager was still waiting for the outcomes.

Documentation regarding people's capacity to make decisions was included in the care files we looked at. However, in one file we saw a decision made in the person's best interest had not been fully documented as it did not say which people had been involved in the best interest meeting. We discussed this with the manager who agreed to ensure the missing information was added straightaway.

The service had suitable arrangements in place that ensured people received good nutrition and hydration. The care files we sampled contained detailed information about the person's dietary needs and the level of support they needed to ensure that they received a balanced diet. There was a MUST (Malnutrition Universal Screening Tool) tool used to determine if a person was at risk. When a risk had been identified we saw monitoring forms had been used to check people were eating and drinking enough. Supplements and fortified meals and drinks were also available for people at risk of not eating enough.

People told us they were happy with the food provided at the home. A relative commented, "The food smells gorgeous." People living at the home described the food as good or adequate. One person said, "Good choice on the menu, but if nothing suits you can choose [something else]." A relative told us they were particularly impressed with the café facility and said that they used it to eat lunch with their family member. They described how they had recently enjoyed a "Beautiful three course Christmas dinner with a glass of wine." They went on to explain how staff had quickly identified that their family member was losing weight and said they had reacted appropriately by providing protein drink supplements. However, another person felt mealtimes were "Too close together" and they would prefer their main meal in the evening, like they had at home.

At lunchtime we observed staff serving the meal on the unit for people living with dementia, we also spoke to people on the other units about the meals provided at the home. The dining room had a pleasant atmosphere and the food looked appetising with good portions. However, during our observation we noted that the majority of people on the unit required assistance to eat their meal, which meant some people had to wait to be served and for assistance. Therefore some people's food was going cold while they waited. We saw once a staff member was available to assist someone they sat next to the person who needed assistance, so they were at their level and could converse with them. However, earlier in the day we noted that some staff stood over people while helping them to eat a fruit snack. We discussed this with the manager who said this was not normal practice and they would discuss this further with staff. Regarding the delay in people receiving assistance with their meal, the manager said this had already been brought to her attention and she was considering how to address it, such as having two sittings at mealtimes.

There was a kitchenette on each unit where staff could prepare drinks and snacks for people. We saw snacks and drinks were offered periodically throughout the inspection, and people living and visiting the home could also help themselves to drinks in the café near the reception area of the home.

People had accessed healthcare professionals such as GPs, physiotherapists, dietician's and occupational therapists when additional support was required. We were told designated GPs visited the home on a specific day each week, so they could see the people who used their surgery. Staff said doctors also made other visits as and when needed. People we spoke with told us they were happy with how staff supported them when they were unwell. A relative told us that if their family member needed a GP staff would call the doctor out and then they let them know. They also described how staff had arranged for an optician and a nurse practitioner to visit their family member when problems had been identified; they said staff were always "On the ball."

We spent time on the unit which specialised in supporting people living with dementia. The unit was designed to enable people to move around freely with purpose. This meant people were not restricted by locked doors within the unit. We saw the décor required some attention, but the manager told us redecoration was underway and as part of the programme they were aiming to make the unit more dementia friendly. We also noted that the patio area outside the Fitzwilliam dining room door was uneven, which meant it could be dangerous to stand on. This area was not in use at the time of our inspection due to the cold weather, but needed attention before people could stand on it safely.

Is the service caring?

Our findings

People using the service, and the visitors we spoke with, were happy with the care provided and the way staff supported people. One person told us they felt their dignity was respected because "Staff are always polite to me, knock on my door and help me with things I can't manage on my own." Another person staying at the home told us, "The staff are very good, kind, care for me and never seem impatient, they smile a lot."

Relatives we spoke with said that they had been able to bring their own wallpaper to decorate a feature wall in their family member's room. They told us they felt their family member's dignity was maintained because staff, "Always knock at the door and (family member) is always kept clean/tidy, and today they had their nails varnished."

We saw people were supported in a friendly and relaxed atmosphere by staff who understood their needs and preferences. People were treated with respect and their dignity was maintained throughout. We observed staff meeting people's needs in a kind and considerate manner. It was clear that staff knew the people they were supporting very well and were able to tell us about individual people and their life histories. Throughout our inspection we observed good and positive engagement between staff and people who were staying at the home. One care worker told us, "While people are with us their room is their personal space." Another member of staff said, "We encourage people to personalise their room, some people have their own wallpaper, bedding and curtains. We always close doors [when providing personal care] and cover them [people using the service] up with a towel while washing them."

Records, and staff comments, demonstrated that people were encouraged to be as independent as possible, but support was readily available should they need it. For instance, people managed their own medication when they could and a new room had been developed where people could practice the skills they needed when they returned home, like cooking and making drinks. One person told us they had recently had a fall in their room, which they said was because they had tried to do something that was perhaps beyond their capability. They told us staff had come immediately to assist them up using a hoist, which they said had been, "A great relief as I couldn't get up myself. Staff explained that I need to be independent, but I need to ask for help." Another person staying at the home said they could have as much independence as they wished, and that staff supported them to walk around the building if this is what they chose to do.

Staff understood the need to respect people's confidentiality and not to discuss issues in public, or disclose information to people who did not need to know. Any information that needed to be passed on about people was written in care plans and discussed at staff handovers, which were conducted in private.

We found people had been involved in planning their care or rehabilitation. One person who told us they had been involved in planning their care said they could refer to it if they want to because it was in the drawer in their room. People's care files contained information about their needs and preferences. Staff told us they worked on the same unit all the time, unless there was a staff shortage on another unit. This meant

that the majority of the time people received support from staff who knew them and their relatives well. Staff told us they got to know new people by talking to them and their families, and reading the care plans, which they felt reflected people's needs and preferences well. They were able to give us good examples of how they offered people choice, which included what the person wanted to wear, meals they ate and what time they got up and went to bed.

Is the service responsive?

Our findings

People we spoke with said they were happy with the service provided and complimented the staff for the way they delivered care and support. A relative told us they felt "Lucky" because staff cared for the whole family. They added, "While we waited here for [family member] to be brought home from hospital by ambulance we were given lunch because the ambulance was late. They care for us as a family." People also described how staff were responsive to people's changing needs, such as diet, mobility and their abilities to care for themselves.

Interactions between staff and people using the service was very good and focused on the individual needs and preferences of each person. Care workers offered people options about how they spent their day, meals and taking part in social activities. Call bells were answered promptly and the majority of the time staff were available when people needed support.

Care records contained assessments of people's needs. We saw that sometimes people were admitted as a 'fast response admission'. This meant a full assessment could not be carried out by the home prior to admission. However, a protocol was in place to ensure the home could meet the person's needs and admissions were as smooth as possible. We found information collated from various sources, such as the person using the service, relatives and appropriate healthcare professionals, had been used in the care planning process. One relative explained to us that although their family member was unable to contribute to planning their care, staff consulted with them to give them the opportunity to be part of the process.

We found each person had a care file which detailed the areas the person needed support with and any risks associated with their care. Records regarding people's needs were individualised and in the main provided staff with good guidance on how they should support them. Care plans and risk assessments had been evaluated on a regular basis to see if they were being effective in meeting people's needs, and in the majority of cases changes had been made if required. However, we noted that changes in the support required to move one person safely had changed and although the details of the change had been added to the typed care plan by hand, this information had not been used to update on the person's moving and handling assessment. This meant that staff looking at both the care plan and the risk assessment would have access to conflicting information. This would be particularly confusing for staff who did not work with that person on a regular basis, such as bank and agency workers. The manager said they would ensure the records were updated straight away, and they would speak to the staff member concerned.

Daily records had been completed which recorded how each person had spent their day and any changes in their general condition.

The home did not employ any designated staff to co-ordinators and facilitate social activities and stimulation. We saw the home mainly relied on volunteers and outside entertainers to provide regular stimulation for people. We were told care staff were expected to facilitate activities during their shift. However, staff told us this was not always possible when they were busy. One relative we spoke with said their family member took part in whatever activities staff felt they could be involved in as they, "Can't make

their own decision, but they have been to bingo this morning and were involved in a panto in the dining room." Someone staying at the home told us there were not many activities they wanted to be involved in, preferring to watch TV in their room. A visitor said, "I haven't seen any activities going on." They added that the person they visited was, "Usually watching TV in their own room."

Staff told us they tried their best to provide social activities and stimulation for people, but this was limited due to other priorities. One care worker said, "We can't do them every day. They [people using the service] have bingo on Tuesdays, music, sing-a-longs and reminiscence occasionally. We noted the 'Home from Home' report carried out by the council in June 2016 had also highlighted that people had said they would like more activities.

On the day of our inspection volunteers were facilitating a regular bingo session. On the unit for people living with dementia we also saw people holding therapy dolls and staff encouraging people to play musical instruments along to festive music. There was a small separate reminiscence room which had been decorated and furnished with a period theme people could relate to. However, it was unclear how often the room was used. We saw people were cheerful and said they enjoyed interacting with staff, they also said they enjoyed the weekly bingo sessions. We saw there was a 'clients shop' where people could buy things from and a café where relatives could eat lunch with their family member every Thursday, at an additional cost.

Planned Christmas entertainment was displayed on noticeboards and in a leaflet produced by the home. This included a Christmas party, with a singer to entertain people, carol singing, a Christmas quiz and a 40's/50's Christmas sing-a-long. We also saw a hairdresser visited the home twice a week and people had taken part in movement to music and nail care sessions.

The provider had a complaints procedure which was available to people who lived and visited the home. No formal complaints had been received over the past twelve months, but minor concerns had been logged and addressed. We also saw thank you cards displayed on the different units.

Relatives we spoke with told us if they had any complaints they would speak to the staff on duty and the manager. One person commented, "You can talk to them easily." The majority of people we spoke with were complimentary about the care provision and the home in general. However, two people felt the laundry could be improved. We spoke with the manager about this topic, who said they hoped the issues had been addressed with the employment of a new laundry person.

Is the service well-led?

Our findings

At the time of our inspection the service did not have a manager in post who was registered with the Care Quality Commission. However, the acting manager told us they had begun the process to become the registered manager. There was a structured management team in place to support the manager; this included a deputy manager, shift leaders and senior care workers, as well as senior company managers.

All the staff we spoke with were clear about the management structure at the home and felt the manager was approachable and responsive to the needs of the home. During our visit we saw the manager was aware of what was happening in the home and staff were well organised. Some people could not tell us who the manager was, while other people described how they had discussed their relatives care with her.

People told us that overall they were very happy with how the home was run. One person using the service said they would recommend the home because, "It's comfortable, staff are polite, they treat you as you should be treated, and we don't fall by the wayside." They gave the home a seven out of ten rating, adding that one thing that could be better was "The timing of things," such as getting meals out on time. Another person told us they would definitely recommend the home "It's a wonderful place, gets you ready for going home. Therapy is good, food is good, but my appetite varies." A third person said that they would recommend the home because, "It has a family/friendly atmosphere, it's secure and staff are always walking past to keep an eye on the residents."

Various methods had been used to gain the views of people using the service and their relatives, this included questionnaires and care reviews. The manager told us meetings had not been held recently but they were thinking of reintroducing them for people who lived at the home on a permanent basis, and their relatives. We found a relatives survey carried out in 2016 had been summarised and responses to the set questions were mainly positive. However, it did not show how the provider had addressed the areas people felt could be improved. People receiving intermediate care [short stay] had been asked to provide feedback following their stay. The manager said this information was used to improve the service offered.

Staff we spoke with were aware of the home's values and behaviours, and they had access to company policies and procedures. Staff told us they felt well supported by the management team and demonstrated a good awareness of their roles and responsibilities. When asked what it was like working at the home one care worker said, "It's friendly and homely, we cater for people's individual needs and provide good personal care." Another staff member said they felt there was good team work at the home, which they described as "Bright and airy." The staff we spoke with felt areas for improvement included better activity provision for people living at the home, especially on the unit for people living their permanently.

We saw various audits and checks had been carried out by the management team and the quality assurance manager to monitor how the home was operating and staffs' performance. Topics covered included financial transactions, how the kitchen operated, health and safety, care files and medication practices. Overall audits had been effective in monitoring how the home was operating and improving the service provision. However, they had not identified the areas for improvement we found, such as the medication

room and refrigerator temperatures not being recorded consistently.

The councils 'Home from Home' report from June 2016 contained mostly positive comments. The service had been awarded a Silver rating which meant there were some areas that could be improved. For instance, people's comments had identified some areas they felt could be improved, such as the activity provision and staffing, especially at mealtimes. The manager told us they had been working on improving these areas.