

Larchwood Care Homes (North) Limited

Laureate Court

Inspection report

Wellgate
Rotherham
South Yorkshire
S60 2NX

Tel: 01709838278

Date of inspection visit:
29 June 2017

Date of publication:
10 August 2017

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

The inspection was carried out on 29 June 2017 and was unannounced. This meant the provider and staff did not know we would be visiting. The service was previously inspected in November 2016 and was rated requires improvement, it had previously been rated inadequate in June 2016 and was placed in special measures. At our inspection in November 2016 we found that there was not enough improvement to take the provider out of special measures as we identified four breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can read the report from our last inspections, by selecting the 'all reports' link for 'Laureate Court' on our website at www.cqc.org.uk.

At this inspection we found that improvements had been made and we have taken the service out of special measures.

Laureate Court provides residential and nursing care for up to 82 people who are living with dementia and other mental health problems. The home has three units; Byron and Shelly both provide nursing care and Keats which provides residential care. The home is located close to Rotherham town centre. At the time of our inspection there were 41 people using the service, 19 people receiving nursing care and 22 people in receipt of residential care, including people living with dementia.

At our last inspection there had been changes in the way staff were deployed due to the temporary closure of the Byron unit. This unit was still closed at this inspection. The unit was being refurbished. Therefore there were still only two out of three units open at the time of our inspection.

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

The provider had a safeguarding policy in place and staff were aware of the procedures to follow to safeguard people from abuse.

Risks were identified and managed so that people avoided injury or harm. The premises were safely maintained and there was documentary evidence to show this. Staffing numbers were sufficient to meet people's care needs. However, there was not sufficient staff to be able to meet people's social needs. Recruitment systems were followed to ensure staff were suitable to support people.

Appropriate arrangements were in place for the recording, safe keeping and safe administration of medicines. However, we identified some improvements could be made and the records were not always accurate.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the requirements of the act were being met.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

People received adequate nutrition and hydration to maintain their health and wellbeing. The premises was being refurbished and improved at the time of our inspection to be able to meet the needs of the people who used the service.

Staff recruitment processes were robust. We found all the required pre-employment checks had been carried out. Staff received supervision and an annual appraisal of their work. Staff told us they felt supported in their role.

We found staff approached people in a kindly manner and were respectful. People and their relatives told us staff were kind and very caring. Staff demonstrated a good awareness of how they respected people's preferences and ensured their privacy and dignity was maintained. We saw staff took account of people's individual needs and preferences while supporting them.

People's needs had been assessed the care files we checked reflected people's care and support needs, choices and preferences. These had been reviewed and updated since our last inspection.

Activities in the home were infrequent. Relatives and people who used the service raised concerns about the lack of social stimulation. The registered manager told us they needed to recruit a full time activity coordinator as the previous one had left. They did have a part time coordinator but this was not sufficient for the number of people to ensure their social needs were met.

People and their relatives we spoke with were aware of how to raise any concerns or complaints. Some complaints had been raised. We found the registered manager had recorded these and investigated and recorded outcomes. People told us they were listened to.

There were processes in place to monitor the quality and safety of the service. These were effective and had identified the issues we found during our inspection.

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

Systems were in place to ensure people received their medications in a safe and timely way from staff who were appropriately trained, however, we identified some areas that could be further improved.

We found adequate care staff to meet people's needs, however, there was lack of staff to meet peoples social needs.

The environment had improved and was maintained to a good standard of cleanliness. However, areas of the outside space could be improved.

The service had a policy in place to safeguard people from abuse. Staff knew how to recognise record and report abuse.

Recruitment procedures were robust to ensure safe recruitment of staff.

Is the service effective?

Good ●

The service was effective.

Staff received training to ensure that they were able to fulfil their role. Staff were knowledgeable and understood people's needs.

Staff received supervision and appraisals. Staff told us they felt supported,

The service was meeting the requirements of the Mental Capacity Act 2005.

People received sufficient amounts of food and drink to ensure a healthy balanced diet was provided.

Is the service caring?

Good ●

The service was caring.

We observed staff interacting with people and found they were kind, caring and supportive.

Staff we spoke with ensured they maintained people's privacy and dignity. People told us staff were very respectful.

People received end of life care that was appropriate, sensitive and compassionate.

Is the service responsive?

Good ●

The service was responsive.

People had care plans and staff understood people's needs.

We saw care staff provided social stimulation when they were able and there were entertainers booked each week to provide stimulation.

The provider had a complaints procedure in place and people told us they were listened to and had no concerns.

Is the service well-led?

Good ●

The service was well led.

The registered manager had recruited new staff and was working at continuing to embed systems into working practice.

Quality assurance audits had taken place regularly. The registered manager had identified improvements and these were being implemented or had a date for action to take place. The registered manager and operations manager both acknowledged that there were still improvements required.

People felt they had a voice and were able to contribute their ideas and suggestions.

Laureate 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This inspection took place on the on 29 June 2017 and was unannounced. The inspection team consisted of three adult social care inspectors and 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. The provider completed 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.

Before our inspection we reviewed all the information we held about the home. We also spoke with the local authority to gain further information about the service.

We spoke with nine people who used the service and six of their relatives, and spent time observing staff supporting people.

We used the Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at other areas of the home including the outside garden space, some people's bedrooms, communal bathrooms and lounge areas.

We spoke with thirteen members of staff, including eight care workers, the cook, one domestic, the clinical lead, the registered manager and the regional manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at ten people's care and support records including their plans of care. We saw the system used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and

identified areas for improvement.

Is the service safe?

Our findings

At our previous inspection in November 2016, we found a breach of regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment and staffing. At this inspection we saw that the provider had taken steps to address the concerns.

Not all the people we spoke to were able to express an opinion about whether they felt safe but one person said, 'Yes' they always felt safe because, "There are always staff there in case you have a fall." They told us that if they had any concerns they would speak to the manager. Another person said, "I feel safe and everything."

Relatives we spoke with confirmed people who used the service were safe, one relative said, "People are safe and comfortable." They explained to us how their relative was nursed in bed due to their condition and told us as soon as they were admitted to the home the staff ensured equipment for their safety was in place. For example, a specialist bed and bed rails to reduce the risk of them falling out of bed.

Another relative we spoke with when asked if they felt their relative was safe, they responded, "Absolutely."

The provider had safeguarding policies and procedures in place to guide practice. Staff we spoke with were knowledgeable on procedures to follow including whistleblowing procedures. Staff could tell us how to recognise and respond to abuse appropriately.

The provider had a log of safeguarding concerns which was maintained by the registered manager. Information relating to safeguarding concerns were kept and a summary of actions taken were documented.

We looked at care records and found they included a dependency rating score. This was in place to identify how many staff were required to support people. The dependency tool identified the level and areas of support people required. Staff were allocated hours based on the support required. At the time of our inspection we found there was enough nursing and care staff available to meet people's needs.

During the visit, generally, we found there was sufficient staff to meet people's needs, although at times we observed that care staff were not always in attendance in communal areas. On one occasion we observed a person call out to a care worker as they passed the lounge entrance, they didn't hear so we alerted the staff to their request for assistance.

Some relatives we spoke with felt there were insufficient staff with one relative who told us, "There are not really enough staff. On one occasion I had arrived to find [My relative] with a wet nightie and bedding (due to drink being spilt), I sought assistance from a member of staff who told me that they were, 'dealing with lunch' and so [My relative] was not attended to until after lunch."

We had mixed feedback from people we spoke with regarding staffing. One person told us it was

usually during the day when it took staff time to answer call bells and requests for assistance. They said, "There are not enough staff, they respond to my call as quickly as they can, but it might be up to 30 minutes sometimes." However one other person said, "If I ring the bell in my room they [the staff] came like that. (Clicking their fingers)."

Another relative told us they had been concerned about the staffing as the levels had recently decreased in an afternoon, which at the time they said they were not happy with. However, they told us they had waited to see what happened to see if this affected care and if they had continued to be concerned they would have gone to the registered manager. They confirmed that the staffing levels were safe and met people's needs and at the time of our inspection were not concerned about staffing levels.

Concerns we had raised from all people who used the service and their relatives was lack of staff to provide social stimulation. The registered manager told us they were short of activity coordinators and were trying to recruit at the time of our inspection. The operations manager agreed to look at ways of utilising staff to ensure hours were provided for social activities.

We discussed the staffing concerns with the registered manager who confirmed they were actively recruiting more staff including an activity co-ordinator. They told us they were only admitting people whose needs they were able to meet and had assessed people who they had not accepted as they felt unable to meet their needs. The rota we saw had staffing levels that had been determined by using a dependency tool. The registered manager and regional manager agreed to utilise care staff to facilitate activities by giving extra dedicated hours. This was planned and an updated rota was sent to us to confirm additional hours had been allocated.

We saw that risks associated with people's care had been identified and plans were in place to minimise the risk from occurring. For example, one person was at risk of falls and had bed rails in place to reduce the risk of falling from bed.

We saw environmental risk assessments had been completed to ensure safety of the premises. People also had Personal Emergency Evacuation Plans (PEEP's) in place. These contained guidance on how to move people safely in an emergency situation.

We looked at systems in place to manage people's medicines. This included the storage, handling and stock of medicines and medication administration records (MARs).

We saw that the care home had two medicine storage rooms, which were separated according to unit, either Keats or Shelley.

Medicines were stored in a locked room and, where appropriate, in a locked fridge for cool storage. We found that the medication storage room for the nursing units had air conditioning installed and that room temperatures were taken daily to ensure medicines were appropriately stored. However, the medication storage room on Keats unit was not air conditioned. We found the room temperatures recorded were on most occasions above the recommended maximum temperature. The monitoring had identified this and the provider was looking at installing a portable air conditioning unit. The registered manager agreed to review the timescales for action as the temperature had been raised for over a month.

We saw that temperatures of the fridge were taken and recorded on a daily basis and appropriate action was taken if the temperature fluctuated.

We saw there was an electronic system in place for administering medication and tallying stock. We looked at people's medicines and found they were managed in a safe way. We saw Medication Administration Records (MAR's) were in place and were completed. We checked medication stock balances to ensure the records reflected the amounts of medicines on site. We checked the balances of four people's medications and found discrepancies where the amount of medicines in stock did not always tally with the recorded amount. For example, one person was recorded as having 153 co-codamol, pain relief medication in stock, yet we found only 100. We found no evidence that any had been returned and no errors in recording when they had been given. Therefore it was not possible to determine if people were receiving medication as prescribed. We spoke with the registered manager about this and they told us this had been identified by the medication audit and were trying to address the issues with the dispensing pharmacy. The errors were with the electronic system, medication had been administered as prescribed but the system was not always updated effectively to reflect this. The registered manager and regional manager were reviewing this at the time of our inspection.

The provider had a system in place to support people who were prescribed medicines on an 'as and when' required basis (PRN). We found that PRN protocols were in place. Most of these protocols contained information including signs for staff to look out for to identify when someone may need PRN medicines. For example, we looked at a resident's PRN protocol for the administration of pain medication. The PRN protocol detailed how this person presented when requiring pain relief. Staff were able to explain when people required the medication and were knowledgeable on how people presented. However, we found some protocols lacked detail to explain how the person presented when they required the medication and where a person was prescribed pain relief and medication for agitation we found insufficient information to guide staff on what to administer depending on how the person presented. People living with dementia can present with behaviour that may challenge when they are in pain so it is important for staff to understand the person's presentation to know what medication to administer.

We found that records were kept and documented when PRN medication was being administered. However, records did not document why a PRN medication was given at that time so we were not able to determine whether PRN protocols were being followed.

We saw that controlled drugs (CD's) were appropriately stored to limit access. CD's are governed by the Misuse of Drugs Legislation and have strict control over their administration and storage. A controlled drugs book was in place, which was used to record all controlled medication. This was double signed in line with current guidance. We checked controlled drugs belonging to three people and found the amounts to be correct in line with the records in the CD book.

People and their relatives told us they were happy with how medication was managed. One relative said, "Staff make sure that [My relatives] tablets were ordered and I have no concerns in this respect."

We found the environment had improved since our last inspection, refurbishment and redecoration had taken place. The areas of the home that were open were well maintained and clean. The works were still ongoing in areas that were yet to reopen. However, whilst the premises inside was clean and well-kept we found that the area in and around the designated smoking shed required cleaning. There were numerous cigarette ends on the ground together with some discarded cigarette packets and tissues. The volume of the waste would suggest that this had built up over a period of time.

Is the service effective?

Our findings

At our previous inspection in November 2016, we found a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, person centred care. At this inspection we saw that the provider had taken steps to address the concerns.

Most people we spoke with were happy with the care they received. One person told us, "I am happy I have a good quality of life because the staff look after me." People told us they liked the food and were given choices.

Staff received training that ensured they were knowledgeable and had the skills to meet people's needs. Staff told us the training and support was much better. Staff had attended training updates and the registered manager had all training booked in over the next three months to ensure all staff were up to date. Staff also told us they were able to attend other specific training if required. One staff member explained how they had recently attended a training course on tissue viability called, 'React to Red' they said it was extremely good and they had learnt a lot. They were disseminating the information to other staff to be able to identify a pressure sores in the early stages.

Staff received regular supervision. This is a one to one meeting with their manager. All staff we spoke with told us they were well supported. Not all staff had an up to date appraisal of their work, however, the registered manager showed us a schedule of planned appraisals.

The CQC is required by law to monitor the operation the Mental Capacity Act 2005, and to report on what we find. The Act provides a legal framework for making 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 a person lacks mental capacity to take a particular decision, any made on their behalf must be the least restrictive option in their best interests.

People can be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

At the time of the inspection there were six people living at the home who were subject to a standard authorisation under the MCA and 32 standard authorisation requests submitted to the local authority which were still awaiting assessment. We saw that the provider had a system in place to monitor these individuals to ensure that their legal rights were being maintained. Staff that we spoke to were knowledgeable about the principles of MCA and had access to information about people's standard authorisation on care files.

We observed that staff gained consent for things related to people's care where people had capacity to consent. Where people lacked capacity to consent we saw that capacity assessments were being completed and that best interest meetings were being documented. For example, we saw that one person who used the service lacked capacity to decide on their end of life plans. We saw that the provider had

completed a capacity assessment and conducted a best interest meeting with input from family and staff to ensure that the person's views and wishes were being followed. We found that the service was working within the principles of the MCA and appropriate records were in place.

We observed breakfast being served on the Keats and Shelley unit. We found people were offered choice and this was respected. There was a good selection of breakfast foods available including a cooked option. Staff spent time assisting people to eat and drink. One person was not eating the breakfast they had chosen and staff noticed this. The staff offered alternatives and the person enjoyed their meal.

We also carried out observations during lunch time on both units. On Keats unit we saw that there was a relaxed and calm atmosphere. We observed meaningful interactions between staff and people who used the service. We heard staff offering people a choice of meal and, if a person did not wish to eat any of the choices given, they were offered alternatives. Meals options were also offered with the support of picture cards for people who had difficulty weighing up their options or communicating their views. We saw that tables were nicely set with clean table cloths, menus, napkins and condiments. Staff were aware of, and respected people's food and drink preferences.

On Shelley unit we also saw tables were set with clean clothes on the tables and napkins and aprons were given out as required. A handwritten menu for lunch was displayed on an easel in the corner of the room with two choices being available for the main course. The menu could not easily be seen by people and there were no pictures of meals on offer, which may have assisted people when making their choices.

Shortly after noon a person was wheeled into the dining room and staff assisted them with their lunch thereafter returning the person to the lounge before assisting five other people into the room for their lunch. Other care staff then arrived to assist with service. The person who was in the room on their own was fed very quickly. We were told the dining room that was usually used was being re-decorated so a smaller room was having to be used which appeared to be the reason why one person had to have their meal first on their own as the room was not large enough to accommodate them and the other five people at one time.

We found that the kitchen was clean and food was stored appropriately. We saw stocks of fresh food and use by dates were clearly displayed. We saw a food allergen labelling system in place to clearly display what allergens are contained in a particular food item. People's care records highlighted any special diets or nutritional needs people required and we saw this information had also been shared with the kitchen staff. The cook was able to tell us about people's nutritional needs and how these were being managed, including fortifying foods with higher fat alternatives to encourage weight gain. This demonstrated that people were encouraged to maintain a nutritional, well balanced diet and were supported with their nutritional needs.

We saw in care records that people had had their nutritional needs assessed, including likes, dislikes, allergies or special diets. We saw that referrals to relevant professionals were made, such as dieticians so that risks could be monitored and reduced. Weight management and monitoring charts were in place and were completed with relevant frequency, so that any emerging risks could be quickly identified. We checked the care files of two people who were at risk of poor nutrition or dehydration had a nutritional screening tool in place which indicated the level of risk and care plans told staff how this would be managed. We also saw records had been maintained to monitor people's food and fluid intake, as well as their weight. People who required additional supplements to enrich their calorie intake had this provided.

People told us the food was very nice and were happy with the food provided. One person said, "The food is very good, we get all sorts." Another person said, "The food is super the cook makes what he can from fresh."

Care plans we looked at contained evidence that healthcare professionals were involved in people's care when appropriate. For example, we saw that nurse specialists, Speech and Language Therapists, mental health liaison team and dieticians had been sent referrals when needed. Advice given by healthcare professionals had been acted on and was incorporated in the care planning documentation.

Is the service caring?

Our findings

All the people we spoke with were happy with the care and support received and the way in which they were treated by staff. One person said, "Staff listen, no arguing it's alright." Another said, "They are all good at their job, they are always asking if you need anything."

Relatives we spoke with were also happy with the care provided, one relative said, "If I thought [My relative] wasn't being properly looked after they wouldn't be here, they treat them like their [own parent], their named carer is very good with them."

Care records included a section called, 'This is me.' This gave information about their family, friends and interests. It also included information about what made the person feel better and what may upset them. This document helped staff to build up a relationship with people which was centred around their individual preferences.

We saw that people's bedrooms were homely and individualised people had been able to bring their own furniture and belongings.

People told us staff were always respectful, one person told us, "I require assistance with bathing and staff always respect my dignity."

Relatives told us people were treated with appropriate respect and given privacy stating that when people received personal care staff would always 'closed the curtains and doors.'

All the interactions we observed between staff, visitors and people who used the service were positive staff were friendly and knew peoples preferred name. Staff spoke kindly to people and would explain to them what they were going to do and where they were taking them. Prior to entering rooms we observed staff would always knock on the door.'

We observed staff interacting with people on the Keats unit and found they were kind and caring in their approach. For example, one person told staff their legs were hurting and didn't want to stand up. A second care worker assisted the person with the other care worker as they gently supported the person to stand in a safe way. The care workers chatted with the person and explained what they were doing and ensured the person was comfortable. One care worker gave the person a fresh tissue and admired the person's new bag. The person appeared much happier. This showed the staff were understanding of the person's needs and what would help them to feel better.

We saw people's choices in regard to end of life care had been documented. People and their relatives had been involved in the care planning process incorporating decisions and arrangements that had been made. We looked at a care plan of one person was receiving end of life care; we found good detail of how to meet the person needs. Staff we spoke with were able to explain how to care for people who were at end of life and told us they would ensure they were comfortable, pain free and not left alone. We saw people had 'do

not attempt cardio pulmonary resuscitation' (DNACPR) in place completed by hospital consultants and GP's. We found these had been completed with involvement of the person and their family. However one had been completed when the person was in hospital and since then had greatly improved and it had not been reviewed. This was addressed during our inspection and reviewed by staff and their GP with involvement of the person who used the service and was removed.

Is the service responsive?

Our findings

People we spoke with told us the care staff were very good, looked after them and met their needs. However, we received negative comments regarding activities people told us they were bored.

One person said, "Activities are the one weak link, need more trips out, when I first came here we would go out every week." Another said, "Don't do much we just sit and watch television."

Relatives we spoke with were very complementary regarding care and support provided, but again told us there could be more activities.

During our inspection we saw events were advertised around the home for external entertainment. We saw entertainment was booked at least once a week. There was also a mobile library that visited the home and regular church services to ensure people's religious and cultural needs were addressed and met.

We did observe care staff providing activities when they had time and the interactions when activities were taking place were very positive. For example, we observed one person was very agitated and a care worker picked up a ball and played a game of throw and catch with the person which they obviously enjoyed they were smiling and happy. This was cut short as the care worker was required to give assistance with personal care. We found throughout the inspection care staff would when they had time interact with activities and these were appropriate and stimulating, but could not take priority over personal care and safety needs of people.

We identified that the full time activity coordinator had left and there was only one part time coordinator who worked three days a week. The registered manager was actively recruiting and we have been told since our inspection that until one is recruited care staff will be given dedicated hours three days a week to provide activities. This will ensure activities are provided six days a week in total to meet people's social needs.

We looked at care records belonging to people living on each unit. We found they included information about the support people required. Care plans were in place for things such as, moving and handling, food and hydration and personal care. They included people's preferences. For example, one person had a care plan for personal care which indicated that they liked to visit the hair dresser on a weekly basis. Staff we spoke with told us that a hairdresser visited the home and the person was informed and supported to use this service.

We saw that care plans were reviewed on a regular basis to ensure they were still current and meeting people's needs.

Health care professionals we spoke with told us there had been improvements and care delivered was good. One health care worker told us, "Staff are very responsive, they phone for advice and guidance." Another said, "Staff are far more interested in finding solutions to people's problems to ensure their quality of life is

improved."

The provider had a complaints procedure in place which was displayed in the main entrance and on the different units. The registered manager kept a log of complaints received and told us they were used to develop the service. We saw complaints had been acted upon and addressed appropriately. People who raised concerns were given the opportunity to comment on the outcome and their feedback was recorded.

Is the service well-led?

Our findings

At our previous inspection in November 2016, we found a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance. At this inspection we saw that the provider had taken steps to address the concerns. Following the last inspection, the provider's special measures procedure was implemented. This instigated weekly provider visits to ensure the service were meeting the targets set out in their action plan.

At the time of our inspection the service had a registered manager who had been in post since October 2016. The registered manager was supported by an assistant manager a unit manager, team leaders and nurses. Staff we spoke with told us they felt supported by the managers and could chat to them when they needed to.

The registered manager ensured that audits were completed on a monthly basis in areas such as infection control, medication, care planning and catering. Audits showed where actions had been identified and timescales were given to address the concerns. Following the completion of the audits, the registered manager met with the head of departments and discussed the outstanding issues. Someone was then given the responsibility to complete the task. For example, the medication audit which took place in April 2017 identified high temperatures in the medication store room. The action was that a fan had been put in place and the temperatures were to be monitored by the nursing staff.

We saw that the infection control audit had identified that there was no lead for infection control. The deputy manager and housekeeper had received training to assist them to complete this role.

The registered manager showed us a quality assurance survey which had been completed recently. This had identified that some people did not enjoy certain foods on the menu. This led to a new menu being devised.

We saw that relatives meetings took place frequently, although they were not well attended. The registered manager told us they had tried different times and days for the meetings but this had not encouraged other relatives to take part. The registered manager told us they operated an open door system where relative were invited to discuss any concerns as they arose.

The provider gave opportunity for people to have a voice. The provider sent out a relatives and residents survey. This had recently been sent out and the registered manager was waiting for the results from head office. Once these are received they will be displayed in the format of 'you said, we did' so that people can see what actions were taken as a result of comments received.

Staff also had an employee survey sent to them on an annual basis. This gave staff the opportunity to raise concerns and give feedback about the service and their employment. Staff we spoke with told us they were well supported and worked well as a team. One staff member said, "It is much, much better." Another said, "Staff communication has much improved, we are now a happy team, which improved the atmosphere for people we support."

Health professionals we spoke with told us the service was well managed. One told us, "I have seen an improvement, it is well led."