Primrose House (Morecambe) Limited

Primrose House

Inspection report

Middleton Road
Middleton
Morecambe
Lancashire
LA3 3JJ

Tel: 01524853385

Date of inspection visit:
29 June 2016
13 July 2016

Date of publication:
03 August 2016

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

Summary of findings

Overall summary

This unannounced inspection took place on 29 June and 13 July 2016.

Primrose House provides personal care up to 6 people with learning and physical disabilities. The home is a single storey, purpose built building. There are disabled facilities and equipment and a sensory room on site. The home is staffed on a 24 hour basis including waking watch carers throughout the night. There were three people who lived at the home on the day of inspection.

There was a registered manager in place. 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 service was last inspected on 14 and 21 May 2015. At this inspection we found the registered provider was not meeting all the fundamental standards. We identified breaches to Regulation 12, 17 and 18 of the Health and Social Care Act 2014. Suitable arrangements were not in place to ensure medicines were administered in line with current guidance. Paperwork and staff training was not up to date and staff were not suitably supported within their role.

Following the inspection in May 2015, we asked the registered provider to submit an action plan to show what changes they were going to make to become compliant with the appropriate regulations. The registered provider returned the action plan to demonstrate the improvements they intended to make. We used this inspection to look to see if the action plan had been completed and to ensure all fundamental standards were now being met.

At this comprehensive inspection carried out in June and July 2016, we found improvements had been made and the registered provider was now meeting all the required fundamental standards.

Feedback on service provision was positive. People spoke highly about the quality of service.

Improvements had been made to ensure staffing levels met people's needs. Staffing arrangements were personalised to fit around the needs of the people who lived at the home. People had access to their own transport and were supported to access community activities of their choosing. Staff responded in a timely manner and people did not have to wait to have their needs met.

We observed staff demonstrating patience with people and taking time to sit with them to offer companionship and comfort. People were given time to carry out tasks as a means to promote independence and were not rushed.

Arrangements were in place to protect people from the risk of abuse. Staff had knowledge of safeguarding

procedures and were aware of their responsibilities for reporting any concerns.

Suitable recruitment procedures were in place. Staff were checked before employment was secured. The staff turn-over at the home was low and people benefitted from having staff who knew them well.

Improvements has been made to ensure suitable arrangements were in place for managing and administering medicines. Regular audits of medicines were carried out by staff. Protocols for administering as and when medicines were in place and clearly detailed.

Detailed person centred care plans were in place for people who lived at the home. Care plans covered support needs and personal wishes. Plans were reviewed and updated at regular intervals and information was sought from appropriate professionals as and when required. Consent was gained wherever appropriate.

People's healthcare needs were monitored and referrals were made to health professionals in a timely manner when health needs changed. Documentation regarding health needs of each person was comprehensive and concise.

Systems were in place to monitor and manage risk. Risks were reviewed on a monthly basis and a record was kept to show reviews had taken place.

We saw evidence of multidisciplinary working to ensure people's dietary needs were addressed and managed in a safe way. Staff were knowledgeable of people's needs and we observed good practice guidelines being consistently followed.

The registered provider had implemented a range of quality assurance systems to monitor the quality and effectiveness of the service provided. We saw action was taken when audits identified areas for improvement.

Staff were positive about the way the home was managed. Staff described the home as well-led and praised the commitment of the registered manager. Improvements had been made to administrative systems to ensure paperwork was up to date and easily accessible.

Staff had received training in The Mental Capacity Act 2005 and the associated Deprivation of Liberty Standards (DoLS.) We saw evidence these principles were put into practice when delivering care.

Improvements had been made to ensure staff were supported in their role. Staff told us they received supervisions and appraisals as a means for self-development. The registered manager had a training and development plan for all staff. We saw evidence staff were provided with relevant training to enable them to carry out their role.

Staff, people who lived at the home and their relatives all described the home as a good place to live.

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.

People who lived at the home told us they felt safe.

Processes were in place to protect people from abuse. Staff were aware of their responsibilities in responding to abuse.

The registered provider had suitable recruitment procedures in place.

Suitable arrangements were in place for management of medicines.

The registered manager ensured there were appropriate numbers of suitably trained staff on duty to meet the needs of people who lived at the home.

Is the service effective?

Good

The service was effective.

People's needs were monitored and advice was sought from other health professionals in a timely manner, where appropriate. People at risk of malnourishment received appropriate support with diet and nutrition.

Staff had access to on-going training to meet the individual needs of people they supported.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

Is the service caring?

Good

Staff were caring.

Staff had a good understanding of each person in order to deliver

person centred care. People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

There was an emphasis on promoting privacy and dignity for people who lived at the home. This was fostered by all staff and was observed in practice.

Staff treated people with patience, warmth and compassion.

People who lived at the home, relatives and visitors were positive about the staff who worked at the home.

Is the service responsive?

Good

The service was responsive.

Records showed people were involved in making decisions about what was important to them. People's care needs were kept under review and staff responded appropriately when people's needs changed.

The management and staff team worked very closely with people and their families to act on any concerns before they became a complaint.

The registered manager ensured there was a wide range of social activities on offer for people who lived at the home.

Is the service well-led?

Good

The service was well led.

The registered manager had a good working relationship with the staff team. Staff, relatives and professionals all praised the skills of the registered manager.

Regular communication took place between the registered manager and staff as a means to improve service delivery.

Feedback on service delivery was received informally from relatives and people who lived at the home.

Primrose 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.

This inspection took place on 29 June and 13 July 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.
We contacted the local authority and we received no information of concern.

Information was gathered from a variety of sources throughout the inspection process. We spoke with four staff members at the home. This included the registered manager and three staff who provided direct care.

Not everyone who lived at the home was able to speak with us due to their learning disabilities. We spoke with one person who lived at the home to obtain their views on what it was like to live there. We observed interactions between staff and people to try and understand the experiences of people who lived at the home.

We spoke with two relatives and one friend of a person who visited the home. We also spoke with one professional to see if they were satisfied with the care provided.

To gather information, we looked at a variety of records. This included care plan files relating to two people who lived at the home and recruitment files belonging to four staff members. We viewed other documentation which was relevant to the management of the service including health and safety certification & training records.

We looked around the home in both communal and private areas to assess the environment to ensure it

was conducive to meeting the needs of people who lived there.

Good

Is the service safe?

Our findings

One person who lived at the home told us they felt safe. They said "I feel safe. Staff look after me." Observations made during the inspection demonstrated people who lived at the home were happy and content in the presence of staff and people looked comfortable in the environment. For example, we observed people smiling in the presence of staff.

Relatives told us people were kept safe. Feedback included, "Most of the staff have been there a long time. They know them well and keep them safe." And, "Staff have put things in place to keep them safe."

At the last inspection carried out in May 2015, we identified a breach to Regulation 12 of the Health and Social Care Act 2014. Medicines administration records (MAR's) were not accurately completed and medicines were not consistently administered as directed. Protocols for administering as and when required medicines were not clear.

At this inspection we found improvements had been made to ensure medicines were administered safely, in accordance with legislation and good practice guidelines. Staff told us following the inspection in 2015 the registered manager had liaised with general practitioners (GP's) to ensure all medicines to be prescribed on an as and when basis were clearly defined. We looked at records and noted protocols for administering the medicines were clear and concise. For example, records stated what the medicine was what it was used for and occasions on when it was to be given.

Medicines were stored safely within a secure lockable cabinet. Storing medicines safely helps prevent mishandling and misuse. Tablets which could be dispensed into blister packs were blister packed by the pharmacy ready for administration. Creams and liquids were in original bottles. PRN medicines were kept separate to medicines administered every day. PRN medicines are prescribed to be used on an 'as and when basis'.

We observed medicines being administered to two people. Medicines were administered to one person at a time. Staff asked people to consent to taking their medicines and then observed people taking medicines before signing for them.

Staff told us following the 2015 inspection the registered manager had implemented a new auditing system to ensure MAR's were accurate and completed after medicines were administered. Whilst one staff administered medicines, another staff observed and both staff signed to verify medicines had been given and recorded appropriately. This minimised any potential error.

The registered manager had appointed one staff member to manage and order all medicines. This promoted consistency and reduced any risk. A full audit of medicines administration was carried out on a monthly basis to ensure safe processes were followed.

We looked at how risks were managed at the home to ensure people were kept safe. There was a variety of

risk assessments to address and manage risk including risk assessments to manage choking, malnutrition, use of bed rails and moving and handling. Staff told us they routinely monitored risks and updated risk assessments after incidents had occurred or people's needs changed. We saw evidence in care records this occurred.

We looked at how the service was staffed. We did this to make sure there were enough staff on duty at all times, to support people who lived at the home. On both days of inspection we noted there were three staff on duty each morning. This reduced to two staff later in the afternoon.

We spoke to one person about staffing levels. They said they were happy with the staffing levels saying if they ever needed help they just shouted and staff came straight away. They said they never had to wait.

Staff members said staffing levels were good. During the inspection we observed staff having time to sit with people to discuss their welfare and carry out activities. Staff were not rushed carrying out their duties and responded to people in a timely manner. One staff member told us, "The staffing levels are good. We are only a small team, but it works." Staff told us people who lived at the home benefitted from consistent care. One staff member said, "People here get good care from staff who know them well."

The registered manager told us following the previous inspection they reviewed staffing levels and had recruited volunteers to work alongside the team. This allowed people to participate in extra activities and maximised the staffing.

We looked at how safeguarding procedures were managed by the provider. We did this to ensure people were protected from any harm. Staff were able to describe the different forms of abuse and systems for reporting abuse. They were confident if they reported anything to the registered manager or the management team this would be dealt with immediately. One staff member said, "I could not, not report it. I would go straight to my supervisor or to the local authority if they didn't do anything." And, "I am aware of Whistle-blowing I have done this in a previous role and it was worth it."

Prior to the inspection taking place we were informed of one safeguarding incident that had taken place. We used this inspection to look at the incident. We noted staff identifying the concern raised a safeguarding alert and the registered manager followed process and reported the concern to the Local Authority. The matter was investigated in a timely manner and systems were implemented to prevent any further incidents occurring. This showed the registered manager had a system in place to respond and investigate allegations of abuse.

We looked at recruitment procedures in place at the home to ensure people were supported by suitably qualified and experienced staff. To do this we reviewed four staff files. Records showed full employment checks had been carried out prior to staff commencing work. The registered manager kept a record of the interview process for each person and ensured each person had two references on file prior to an individual commencing work. One of which was the person's last employer.

The registered manager requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for all people providing personal care within health and social care. We noted DBS checks were in place for all new starters. A staff member who had recently been recruited confirmed they were subject to all checks prior to commencing work.

During the course of the inspection we undertook a visual inspection of the home. We did this to ensure it

was adequately cleaned and appropriately maintained. Sinks had thermostatic valves on them to prevent people from scalding. We checked the water temperature in one bedroom and one bathroom. The water temperature was comfortable to touch in the bathroom but was uncomfortably hot in a bathroom. We raised this concern with the registered manager; they agreed to take immediate action to remedy this fault.

Equipment used was appropriately serviced and in order. Patient hoists and fire alarms had been serviced within the past twelve months. There were maintenance records which showed gas safety and electrical compliance tests had been carried out and certification was up to date. Legionella checks were on-going. The home was free from odours and was clean and tidy.

We looked at accidents and incidents that had occurred at the home. The registered manager kept a record of all accidents and incidents. This allowed the registered manager to assess all accidents and incidents to look for emerging patterns. Records completed were comprehensive and up to date. Staff members on shift at the time of the accident were responsible for completing the forms.

Good

Is the service effective?

Our findings

Feedback about the effectiveness of care was good. One person who lived at the home told us the care provided was good and they were happy with the care. Relatives told us they did not have to worry about care provided. They said they were consulted with when there were changes to their relative's health. One relative said, "We are consulted with regularly. If their health needs change they will speak to us and keep up updated." And, "We have meetings to discuss their health needs." And, "They know people well."

At the inspection carried out in May 2015, we identified a breach to Regulation 18 of the Health and Social Care Act 2014. We found a training and development plan was not consistently followed and staff had not received regular training to ensure staff were equipped with suitable skills required to complete their role. Staff had not received on-going support within their role.

At this inspection, we found improvements had been made. Training had been reviewed and all staff had been inducted onto a nationally recognised training course. The course included topics such as infection prevention and control, safeguarding of vulnerable adults, administration of medicines, health and safety. Staff had not completed the full course but the registered manager said they were monitoring people's progress and was aware of the importance of all people completing the course. The registered manager said a volunteer had been recruited since the last inspection; part of their role was to maintain training records for staff.

Staff told us they were happy with the training offered by the registered provider. They said they were confident they had the necessary skills to provide effective and safe care.

We spoke with a member of staff who was recently employed to work at the home. They told us they worked alongside other members of staff at the start of their employment until they felt comfortable in the role. They said management were very supportive of them during the induction period and they had regular communication with their line manager.

We spoke to staff about supervision. Supervision is a one to one meeting between a manager and staff member. One to one meetings are a means to discuss staff progress and conduct and discuss any concerns. Records showed staff received monthly supervisions. Staff confirmed this was the case. Staff said the registered manager was approachable and they could discuss any concerns they may have in between supervisions.

At the last inspection carried out in May 2015, we noted staff did not receive regular appraisals. Appraisals are a form of assessment of staff performance which aims to further develop staff behaviours and actions. This was a breach of regulation 18 of the Health and Social Care Act (2014.) At this inspection we noted improvements had been made. Staff told us they had been involved in an appraisal with the registered manager and had set targets to increase their performance. We looked at staff files and noted appraisals had taken place for all staff who had worked at the home for twelve months or more.

A social care professional we spoke with had no concerns about care and was confident the service could effectively meet people's health needs. The professional explained when they visited the home staff were knowledgeable about peoples requirements.

Individual care records showed health care needs were monitored and action was taken to ensure good health was maintained. The registered provider had considered good practice guidelines when managing people's health needs. For example, we saw each person had a health action plan in place. Each person had a nominated health facilitator. These people coordinated health action plans and ensured all actions set were maintained.

Staff told us they were encouraged to update care records whenever they noticed a change in people's health needs. A variety of assessments were in place to assess people's nutritional needs, fluid needs, and medical needs. Assessments were reviewed monthly by the person's keyworker and outcomes were recorded after each reassessment. Changes in assessed needs were recorded within a person's care plan and an audit of all changes was maintained.

People who lived at the home had regular appointments with health professionals including GP's, district nurses, dentists, chiropody and opticians. People were supported to hospital appointments. Relatives said staff were proactive in managing people's health and referring people in a timely manner. We noted staff had made observations regarding changes in behaviour to one person. These changes in behaviour were communicated with the doctor, which triggered further tests to be carried out to try to identify the cause of concern.

We looked at how people's nutritional needs were met. We saw evidence people's nutritional needs were addressed and managed appropriately. One person we spoke with told us the staff were committed to promoting their relatives independence when they were eating. They said, "They can sometimes feed themselves. Staff try to persuade them to do it to keep their independence."

When people had specific health requirements we found detailed documentation was maintained. For example one person was at risk of dehydration, staff monitored the person's fluid intake, recording how much the person drank on a daily basis.

The registered manager consulted with health professionals when people were at risk of malnourishment. Care and support plans were developed on the advice and guidance of health professionals and regularly reviewed. The registered manager said one of their achievements since the last inspection was working collaboratively with health professionals to meet the nutritional needs of one person who lived at the home. We noted from one person's records due to successful support being provided one person had been discharged from the Speech and Language Therapist in the past 12 months.

We observed meals being served at breakfast and lunchtime. Staff were patient and did not rush people. Staff were aware of the need to consistently follow individual guidelines for each person. When people could not verbally communicate staff used non-verbal communication to assess whether people were enjoying the food or had eaten enough. Specialised dietary equipment was available to promote healthy eating and drinking.

People were offered choice as to what they wanted to eat. We observed one person was involved in making of their own lunch. The person thoroughly enjoyed carrying out the activity. Drinks were readily available to people throughout the day. One person said, "Staff bring me cups of tea."

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Care records relating to each person who lived at the home showed people, staff and relatives had worked together to develop decision making agreements for people. These documents set out what decisions the person could make solely without support and when decisions had to be made on behalf of that person.

The registered manager had worked in conjunction with family and professionals to ensure when people did not have capacity best interest meetings were held to discuss the most appropriate decision for that person. For example, we noted one best interests meeting to discuss whether or not the person should have a shave on a regular basis. Best interest decision's had been reviewed to ensure they were still appropriate.

We spoke with staff to assess their working knowledge of the MCA. All staff we spoke with were aware of the need to consider capacity and what to do when people lacked capacity.

We noted from individual care records one person had a number of restrictions placed upon their liberty to maintain their safety. We spoke with the registered manager about the Deprivation of Liberty Standards. (DoLs.) They told us applications had been made in accordance with the standards and they were routinely chasing progress of the applications.

Good

Is the service caring?

Our findings

One person who lived at the home told us staff were caring. They said, "All the staff are kind to me."

Relatives and friends praised staff attitudes and behaviours. Feedback included, "They are very good, they are very attentive to people's needs." And, "It's a great place here; people are really well cared for."

Staff were positive about the working environment and the relationships they had formed with the people who lived at the home. One staff member said, "It is an honour to come into these [peoples] home and support them. They become your friends and family."

Observations made during the inspection demonstrated staff were caring and patient. Care was provided in a responsive personalised way. Care was delivered according to people's needs and preferences. For example, staff told us one person was "not a morning person." Support in the morning was therefore relaxed and at the person's pace to reduce any anxiety or unhappiness.

We observed one person falling asleep at breakfast time. The person had a sensory impairment. One staff member stroked the person's cheek to show them they were still there. Staff spoke quietly and sensitively to the person to check if they had received enough to eat. The person responded in a positive manner and continued to eat their food.

We observed general interactions between staff and people who lived at the home. Staff took time to sit with people and engage in conversation. Communication was light hearted and warm. There was a pleasant atmosphere at the home with one person teasing the staff, making jokes. This demonstrated the person felt comfortable in the presence of staff.

We observed positive interactions throughout the inspection between staff and people who lived at the home. Staff frequently checked the welfare of people to ensure they were comfortable and not in any need. We observed staff 'popping in' to people's rooms to ensure they were happy.

We noted no restrictions on people's freedom. People were able to move freely in between rooms. One person's care plan described how the person liked to spend time in a lounge. The person would often fall asleep in the lounge. The person's care plan requested people respected their wishes to stay there and to cover them with a blanket to keep them comfortable.

During the inspection we noted privacy and dignity was promoted and ingrained in service delivery. Care plans relating to each person reinforced the need to promote privacy and dignity. We observed staff members knocking on people's doors and asking permission to enter rooms. One relative told us, "Staff respect people." On another occasion we observed a staff member discreetly asking a person of they wanted to go and freshen up after lunch.

Staff respected people's rights to privacy. One person liked to spend time in their room in the afternoon

watching TV. We observed staff asking the person if they would like to go to their room after lunch.

There was a focus on developing communication with people who could not verbally communicate. We noted from care plans the registered provider used objects of reference for people. Objects of reference are objects which are used to represent an activity. These objects provide the person with information that an activity or routine is to take place. For example, one person was shown an apron at mealtime to reinforce it was time to eat.

People had communication passports to aid understanding of a person's behaviours. Communication passports describe a person's most effective means of communication and help staff understand a person's behaviour as a means of communicating. For example, one person made a specific noise when they were in pain. Staff were advised to check the person's health when they made this noise as staff had made observations this generally meant the person was in pain. This demonstrated staff were committed to understanding people and their needs.

Relatives spoke highly of the service provider on the hospitality provided. Relatives said they were welcome to visit at any time and could have privacy if people wanted it. They told us they were always made welcome. On the first day of inspection we noted one visitor was passing and decided to call in to visit their friend.

Good

Is the service responsive?

Our findings

At the inspection carried out in May 2015, we found staff were not suitably deployed to enable the people who lived at the home have active lives in their community. At this inspection we found improvements had been made, staffing had been reviewed and people were supported to have active lives. One person who lived at the home told us they were kept busy with activities of their choosing. They told us staff were available to take them on outings on a regular basis.

The registered manager told us they had worked innovatively and had started using volunteers to support staff. This allowed staff to work more flexibly to meet people's needs. One staff member told us they were a car driver. The registered manager worked this person's rota around activities to allow people the opportunity to go out.

We looked at documentation relating to each person. Records showed people were now engaging in regular activity. One person who lived at the home told us staff took them trampolining. They said they really enjoyed the activity and said it was fun. On the second day of inspection staff told us one person was going out to a reading club at the library. A staff member said, "We are always looking for new opportunities to take people to." One relative told us, "They get out and do activities including bowling, trampolining and football.

Relatives told us the service was responsive to individual need. On the first day of inspection we noted music was on in the dining area. A staff member explained people who lived in the home enjoyed having music playing in the background. We noted one person had objects which acted as a comforter and reduced their anxieties. We noted staff checked on the person to ensure they had them readily available.

We looked at two care records relating to people who lived at the home. The registered manager had used person centred planning material to develop care plans for the two people. This meant detailed person centred information was produced which clearly demonstrated people's personal qualities and strengths and likes and preferences.

Care plans were detailed, up to date and addressed a number of areas including communication, mental capacity, medicines, nutrition, pressure care, psychological need, personal hygiene and safety. Care plans detailed people's own abilities as a means to promote independence, wherever possible. There was evidence of relevant professional's and relative's involvement wherever appropriate, within the care plan. Care plans were reviewed and updated monthly by the person's key worker. A key worker is a person who over see's the care and support of one person and acts as a link for communication between the family and staff team. One key worker said if they had any concerns regarding a person's care they would communicate their concerns to the registered manager.

Daily notes were completed for each person in relation to care provided on each shift. Information shared within daily notes was fed back into the care plan and risk assessments at the review stage.

The registered manager fostered a culture of open communication and promoted the rights of people who lived at the home. People were encouraged to speak out about the service if they were unhappy with any aspect of the care. Staff said they used their skills reading people's non-verbal communication to gauge whether or not people were happy. One staff member said, "We know people and know when they are unhappy."

One person who lived at the home told us they were happy with the care provided and had no complaints. They said they were aware of their right to complain and told us they could speak to staff if they were unhappy.

We noted the registered manager had a developed an easy read complaints procedure for people which used photographs to aid communication. The complaints process also signposted people to advocacy groups is people required support to speak up. This showed us the registered provider was keen to develop an open culture where complaints could be raised.

Relatives we spoke with confirmed they had no complaints with the service. Feedback included, "I have never had to complain. They are fantastic." And, "There have been general things we have picked up on occasions but they deal with it there and then."

Good

Is the service well-led?

Our findings

Relatives of people who lived at the home praised the skills of the registered manager. They described the registered manager as, "Good" and "Effective."

At the inspection carried out in 2015, we found paperwork was not up to date and accessible. This meant correct information was not always at hand. At this inspection we found improvements had been made. The registered manager had recruited two volunteers who visited monthly to support them with all paperwork. We found files were in good order and information was up to date and easy to find.

The registered manager had a range of quality assurance systems in place. These included health and safety audits, medication, and staff training and as well as checks on care documentation. Checks had been carried out by one of the volunteers who had experience in auditing. Findings were reported back to the registered manager so change could be implemented. We saw evidence action was taken following audits. For instance, we saw an audit had taken place which identified records of water temperatures had not been carried out. We looked at subsequent documentation and noted action had been taken to remedy this and water temperature checks were taken on a weekly basis.

Staff told us there was some uncertainty about possible changes taking place in the near future but they said they had been communicated with throughout the process. They had been involved in a meeting with the registered manager, management trustees and relatives. The registered manager said the management trustees were working proactively to manage the change. This was to promote consistency of care to people who lived at the home.

Staff said whilst these changes were occurring morale was lower than normal but this did not affect teamwork and their sense of purpose. Staff showed a genuine commitment to continue working with the people who lived at the home. One staff member said, "I am proud of where I work."

Communication between the team was good. Staff were communicated with on a daily basis through a handover process and through a communication book. We noted actions set in the communication book were acted upon as requested. Staff said they held team meetings to discuss important aspects of care and share ideas.

Because of the size of the home, feedback on the service was received in an informal way. Relatives of the people who lived at the home regularly visited the home. They told us they were consulted with on a frequent basis and were happy with these arrangements. One relative said, "We are more than happy."