

A. Welcome House Limited

Kathryn's House

Inspection report

43-49 Farnham Road
Guildford
Surrey
GU2 4JN

Tel: 01483560070

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Kathryn's House provides accommodation and personal care for up to 29 older people, some of whom were living with dementia. The home is set over three floors with access to the upper floors via a small lift. At the time of our inspection there were 18 people living at Kathryn's House.

The inspection took place on 13 April 2017 and was unannounced.

Since our last inspection a new registered manager had been appointed and was present on the day of the inspection. 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.

At our inspection in April 2016, breaches of legal requirements were found and the service was placed into special measures. We returned to the service in August 2016 and found that although some improvements had been made there were on-going concerns regarding the service people received. We undertook a further inspection in December 2016 and found the improvements previously made had not been sustained and identified nine breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was a lack of management over-sight of the service, sufficient staff were not deployed to meet people's needs, people did not always receive safe care and staff were not aware able to demonstrate their understanding of safeguarding. The training staff received was not effective in supporting them in their role and staff did not receive supervision. People did not always receive care in line with their needs, there was a lack of activities which took into account people's interests and people's legal rights were not protected. As a result of this Kathryn's House remained in special measures.

We undertook this inspection to check that the provider had taken action to meet their responsibilities. We found that significant improvements had been made in all areas and no breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were found. The rating for the service remains as requires improvement to ensure that the changes in the care people receive and the governance of the service are sustained and embedded in to practice. However, due to the extent of the improvements made in responding to people's individual needs and the personalised care people are now receiving the service has been rated as good in the responsive domain.

Risks to people's safety and well-being were assessed and control measures were in place to help minimise risks. Staff were aware of how to support people to manage risks safely. Accidents and incidents were recorded and monitored to identify any trends and minimise the risk of them happening again. Staff were aware of their responsibilities in safeguarding people from potential abuse and any concerns were appropriately reported. The provider had a contingency plan in place to ensure that people's needs would continue to be met in the event of an emergency or if the building could not be used.

There were sufficient staff deployed to meet people's needs safely. People's needs were responded to in a timely manner and staff had time to spend with people. Staff received regular training and supervision to ensure they had the skills required to meet people's needs. Training was provided in line with the learning needs of staff to ensure their understanding. Safe recruitment processes were in place to ensure people received support from suitable staff.

Safe medicines practices were practised and people received their medicines in accordance with their prescriptions. Staff competency in managing medicines was assessed and regular medicines audits were completed. People's healthcare needs were known to staff and appropriate referrals were made to healthcare professionals where required.

People's legal rights were protected as staff were acting in accordance with the Mental Capacity Act 2005. Staff gained people's consent prior to delivering care and understood the need to offer choices and respect people's decisions. People told us they were involved in decisions regarding their day to day care.

People were supported by staff who knew their needs well and provided personalised care. People's dignity and privacy was respected. People and their relatives told us that staff were caring and treated them with kindness. Care plans were person centred and contained details of people likes and dislikes. Staff supported people to maintain their independence and respected people's privacy and dignity. People told us they enjoyed the food provided and choices were available. People's nutritional needs were met and the catering staff were informed of people's needs and preferences. People's weight was monitored and appropriate action taken where significant changes were identified.

There was a range of activities available for people to take part in and people received the support they required to be involved. In addition to planned activities, staff spent time with people individually. We found that some people still spent periods of the day with little activity. The registered manager was able to demonstrate that they were continuing to work on developing activities in line with people's needs and preferences. Resident meetings were held quarterly and people and their relatives were able to make suggestions regarding the running of the service and the food and activities provided.

The provider had a complaints policy and people told us they felt any concerns would be addressed. The registered manager maintained a complaints log which showed that concerns had been addressed and responses given. Quality assurance processes were in place and regular audits of the quality of the service completed. The registered manager had taken action to rectify any shortfalls identified. Staff told us they felt supported by the management team and were able to discuss any concerns openly.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

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 safe.

Risks to people's safety were adequately identified and addressed.

Staff were able to demonstrate their understanding of safeguarding procedures.

Accidents and incidents were recorded and monitored to minimise on-going risks.

There sufficient staff deployed to meet people's in a timely manner.

People's medicines were safely managed and administered as prescribed.

Is the service effective?

Requires Improvement ●

The service was effective.

Staff had received training to supervision to support them in their role.

Systems were in place to ensure people received support in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People nutritional and hydration needs were met and people were provided with a choice of food.

People had access to healthcare professionals.

Is the service caring?

Requires Improvement ●

The service was caring.

People were treated with respect and their dignity was maintained.

Staff respond to people's needs promptly.

Staff responded to people with kindness.

Relatives told us they were made to feel welcome when visiting the family members.

Is the service responsive?

Good ●

The service was responsive.

Staff were aware of the needs of people living at the service and people were now placed at the centre of the service.

Care plans were person-centred and provided good guidance to staff.

A range of activities were provided and people received personalised support in line with their interests. The manager had an action plan in place to ensure that person-centred activities continued to be developed.

There was a complaints policy in place and displayed.

Is the service well-led?

Requires Improvement ●

The service was well led.

Action had been taken to address and maintain improvement in relation to the previous identified breaches of regulations.

Audits were completed to monitor and assess the quality of the service and where shortfalls were addressed.

Records were up to date and stored securely.

People, relatives and staff had the opportunity to contribute to the running of the service.

Staff told us they felt supported by the manager.

Kathryn's 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 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 13 April 2017 and was unannounced. The inspection was carried out by two inspectors.

Prior to the inspection we looked at notifications which we held about the organisation. Notifications are events which have happened in the service that the registered provider is required to tell us about, and information that had been sent to us by other agencies.

During our inspection we observed care in the home and spoke with the registered manager, the provider and four members of staff. We spoke with three people who used the service and three relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at five people's care plans and records relating to people's care including care plans, risk assessments and daily notes. We reviewed a range of documents which related to how the home was managed including accident and incident forms, policies and procedures, training records, quality assurance monitoring and health and safety monitoring.

Is the service safe?

Our findings

At our inspection in April 2016 we found concerns regarding the safety of people's care. During our inspection in August 2016 we found that some improvements had been made. However, when we returned to the service in December 2016 we found that these improvements had not been sustained. There were on-going concerns regarding how risks to people's safety were managed, how staff were deployed and the failure of the provider and registered manager to identify, act upon and report safeguarding concerns. At this inspection we found that improvements had been made in all of the above areas and people were now receiving safe care.

Relatives told us they felt their family members were safe, "I have absolute confidence in the staff that they will always do what's needed." Another relative said, "There are staff around and Mum doesn't want for anything."

Risks to people's safety had been assessed and control measures implemented to keep people safe. Risk assessments were in people's care records covering areas such as moving and handling, skin integrity, malnutrition and mobility. Risk assessments viewed showed that risks had been correctly identified and control measures were in place. At our last inspection in December 2016 we found that risks relating to people smoking had not been acted upon. At this inspection we found that action had been taken to ensure people were kept safe and individual risk assessments had been completed where required. One person's mobility risk assessment highlighted that they required support from one staff member to guide them in the use of their zimmer frame. We observed that staff supported the person appropriate guidance and reassurance to the person when they were standing and walking. Another person's weight records showed that they had recently lost weight. Following advice from the person's GP food supplements had been prescribed and we observed the person being offered these along with fortified milkshake drinks. Individual risks to people's safety had also been assessed and guidance provided. One person had recently taken a trip abroad. Risks had been assessed and measures implemented to ensure the person was able to travel safely.

Accidents and incidents were reported and reviewed to minimise the risk of them happening again. Systems had been implemented by the registered manager to ensure that all accidents and incidents were reported. Records were detailed and reports were monitored and logged by the registered manager. One person had experienced a number of falls in recent months. A sensor mat had been placed in the person's room to alert staff when they stood up so they were able to offer support promptly. The person's GP had been contacted to check for any infections and to review any medicines which may increase the risk of the person falling.

Staff were aware of their responsibilities to safeguard people from potential abuse and concerns were appropriately reported. Staff were able to describe their responsibilities in safeguarding people and received regular training in this area to ensure their understanding. The deputy manager told us they gave people examples of different safeguarding situations during supervision to ensure they understood the appropriate action to take. Where safeguarding concerns had been identified they had been appropriately reported to the local authority safeguarding team to ensure the service was monitored and concerns could be

investigated.

There were sufficient staff deployed to meet people's needs. Staff told us they had time to spend with people and we saw this was the case. One staff member told us, "There are enough staff on duty and if we need any help we can ask the manager or deputy." The daily routines in the service had been changed to ensure staff were deployed in the areas where people required support and there was a constant staff presence within communal areas. We observed that when people requested support this was provided promptly by attentive staff. Call bells were responded to in a timely manner and people did not have to wait for their care needs to be met. Rotas showed that staffing levels had increased and a senior staff member was present on every shift.

Staff recruitment files contained evidence that the provider obtained appropriate information prior to staff starting to help ensure they were suitable to work at the service. Checks were made to ensure staff were of good character and suitable for their role. Staff files we looked at contained evidence that the provider had obtained a Disclosure and Barring Service (DBS) certificate for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Staff files also contained evidence that a face to face interviews had taken place references obtained to demonstrate that prospective staff were suitable for employment.

Good medicines management processes were followed to ensure people received their medicines safely. Each person had a medicines administration record in place which contained details of their GP, a recent photograph and any allergies. There were no unexplained gaps in records where people had refused their medicines their GP was contacted for advice. Where people had been prescribed PRN medicines (as and when required) guidance was available to staff regarding when the medicines should be administered. We observed a senior staff member supporting people with their medicines in a caring manner, explaining what their medicines were. They remained with people until they had observed them swallowing their medicines before recording they administered. All staff responsible for administering medicines had undergone competency checks to ensure they had the skills required and understood the processes.

Medicines were safely stored and the medicines trolley was locked when left unattended. Records were maintained of all medicines received into the service and those returned to the pharmacy. Daily temperature checks of the medicines fridge were maintained to ensure that medicines were stored at the correct temperature. A recent audit had been completed by the pharmacy who supplied medicines to the service. The audit reflected that improvements in the storage and record keeping had been made.

Each person had a personal emergency evacuation plan in place to guide staff and emergency services on the support they would require in the event of an emergency. A coding system had been developed on people's doors which identified the support people needed. Staff were aware of the meaning of the colour codes and had received training in supporting people to leave the building safely. During the inspection the fire alarm was accidentally activated. We observed that staff followed the set procedure. One staff member remained with people in the communal lounge whilst other staff reported to the fire panel to ascertain where the fire was and receive instruction as to what immediate action to take.

Is the service effective?

Our findings

At our inspections in April, August and December 2016 we found that staff did not have the skills to carry out their job role effectively. Staff did not have an understanding of their responsibilities with regards to safeguarding and the Mental Capacity Act 2005 (MCA) and people's nutritional needs were not being effectively met. At this inspection we found that improvements had been made. Staff demonstrated a greater understanding of their responsibilities, people's legal rights were protected and people were offered choices regarding the food provided.

Staff received training in a manner which suited their learning needs to ensure they understood the responsibilities of their role. The registered manager and provider had identified that classroom training had not been effective in supporting the staff team in their learning. A mixture of different training methods had therefore been implemented including small group sessions, mentoring and on the job coaching. Staff told us this had been useful as they received direct feedback on their performance in relation to different aspects of their work. For example, staff had been observed and received coaching with regards to moving and handling practices. We observed that staff now approached people with more confidence and used moving and handling equipment efficiently whilst providing on-going reassurance to people. All staff were working towards the Care Certificate and regular small group sessions were held to discuss various aspects of the training. The Care Certificate is a set of agreed standards that health and social care staff should demonstrate in their daily working lives. A regular Care Certificate progress meeting took place to discuss what additional mentoring individual staff required and how this would be provided.

People were supported by staff who had supervisions (one to one meetings) with their line manager. The registered manager maintained a supervision matrix which showed that staff were receiving supervision on a monthly basis. Records of supervisions showed that staff performance was discussed openly. Areas of good practice were highlighted and where improvements in specific areas of their job role were identified these discussed and measures put into place to support the staff member to achieve the required standard. "I feel supported and valued now. We're given time and are asked if we're okay."

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). We checked whether staff were working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's rights were protected because the staff acted in accordance with the MCA. Staff demonstrated a greater understanding of the need to gain people's consent prior to supporting them with their care and took time to provide people with choices where possible. We observed staff explaining what they were there

to help people with and offering a choice of drinks, food, activities and where people would like to sit. Staff told us they had received additional training with regards to the MCA. One staff member told us, "We don't assume people don't have capacity unless proven otherwise. People need to be able to weigh and retain information." Another staff member told us, "I ask them about what they want. If they don't have capacity we need to take a decision in their best interests."

Where appropriate, capacity assessments had been completed in relation to specific decisions. All assessments included details of the decision to be made, discussions with the person, if they were able to retain and weigh up the information and a conclusion. Where it was determined that people did not have the capacity to make a decision best interest meetings had been conducted with those closely involved in people's care. Detailed records were kept of why decisions had been reached and what options had been explored. DoLS applications had been submitted to the local authority where restrictions such as locked external doors were in place. A tracking sheet had been implemented to enable the registered manager to monitor when applications had been submitted and approved.

People were supported to have a meal of their choice and people's dietary needs and preferences were known to staff. People who had specific dietary requirements were provided with a choice of meals. There were specific menu's to cater for people on gluten free and vegetarian diets. One person told us, "The food is much better now, I have a choice, they make me lovely meals." Another person told us they were now provided with a variety of snack, biscuits and cakes which were safe for them to eat. There was a menu board in the dining area which displayed the meal options for the day both in written and pictorial format. We spoke to the chef who told us, "It's much better now. I've talked with the manager and can now make lots of different things which I love doing." The chef discussed the meal options with people in the morning and we observed people received the meal of their choice. Lunch was relaxed with staff chatting with people and no one had to wait for their meal.

People received appropriate support to eat. The registered manager completed regular mealtime observations to ensure people received the support they required. We observed people who required their food to be of a modified consistency this was provided. Where people required support to eat staff sat alongside people and supported them at an appropriate pace. People who had been identified as losing weight were offered fortified foods and milkshakes were provided during the day. Records were maintained of food and fluid intake for those people who were at risk of malnutrition or dehydration to ensure their nutritional intake was monitored. We observed people were offered drinks throughout the day and staff encouraged people to drink. People's weight was monitored regularly and any significant changes were acted upon.

People's health was monitored and where required health care professionals were involved to make sure people remained as healthy as possible. Records of health professionals visits were maintained and staff were now more aware of people's individual healthcare requirements. Health care plans were in place which provided information and guidance to staff regarding what they needed to be aware of. A staff member had observed that one person did not appear well and was responding to staff differently. They called the person's GP and arranged for them to be seen that day. The staff member told us, "We weren't involved in with health before. I now have the confidence to speak to GP's and I'm encouraged to do this because I know the residents so well." Relatives told us that they were kept informed of any changes in the family member's health. One relative told us, "They always give me a call if there is anything."

Is the service caring?

Our findings

During our inspection in April 2016 we found that people were not always treated with dignity and respect. At our inspection in August 2016 we found improvements had been made although there were on-going concerns regarding how people were spoken to by some staff members. During our inspection in December 2016 we found that improvements had not been sustained. People were being woken at an unreasonably early time and were not receiving personal care in line with their needs. Staff did not always speak to people in a dignified manner and did not demonstrate an understanding of people's needs. At this inspection we found that significant improvements had been made and people were receiving care from understanding staff who treated them with kindness.

People and relatives told us that staff were caring. One person told us, "Staff couldn't do anymore for us than they do." Another person said, "The staff are always nice, I've no complaints." One relative told us, "I've always thought staff were caring. I've never seen them do anything that I've been worried about." A professional who visits the service regularly told us, "I used to come here but stopped because staff didn't speak to people. It's completely different now. Staff talk to people and are nice with them."

People were treated with dignity and their choices respected. People were able to get up at a time of their choosing. On arrival at the service at 0930 there were eight people in the communal areas having breakfast or sat in the lounge. Other people were being supported with the personal care or had chosen to remain in bed. People's bathrooms contained personal toiletries and there was evidence that people had been supported to wash and supported with their oral hygiene. Attention had been paid to people's personal appearance. Gentlemen had been supported to shave, people's hands and nails were clean and ladies had been supported to style their hair. Staff knocked on people's doors prior to entering and ensured doors were closed when supporting people with their personal care. At mealtimes we observed staff checked with people they were happy to wear aprons and ensured they were comfortable.

People were treated with respect and kindness. During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed the interaction with staff and mood of three people sitting in the lounge area. We observed staff regularly interacted with people to chat with them or check they were comfortable. Activities and drinks were offered and support provided when required. Throughout the inspection we observed staff responding to people's requests promptly and with a positive approach. Staff knelt or sat beside people when speaking to them. One person summoned a staff member who went to them immediately and asked, "What can I help you with?" They chatted about what the person wanted and supported them with their request. When one person came into the dining room for breakfast the staff member brought them a hot drink, exchanged greetings and asked how they were. Another staff member asked one person if they would like to listen to some music and checked with the person if they were able to hear it. Staff took time to sit and chat with people throughout the day and there was a relaxed and friendly atmosphere.

People were supported to maintain their independence. Several people, who were able to do so, went out

during the day without staff support. On their return staff asked them if they had enjoyed their trip and talked about what they had been doing. People were provided with the equipment they required to enable them to mobilise independently and we observed staff encouraging people to do so. Staff gently prompted people to eat and drink independently and adapted crockery was available to support people with this.

Relatives told us they were made to feel welcome when visiting the service and there were no restrictions on the times they could visit. One relative told us, "All the staff are friendly and happy to talk. We're offered a drink and made to feel welcome." Another relative said, "We have always visited regularly and have always felt welcome."

Is the service responsive?

Our findings

At our inspections in April, August and December 2016 we found that staff were not always aware of people's needs and preferences. Care plans were incomplete or out of date and staff did not access the information. People had little to do during the day and social activities were limited. At this inspection we found that improvements had been made and that staff were now knowledgeable about people's needs. Care plans had been completed and people had the opportunity to join in activities in line with their preferences. The way in which staff responded to people ensured they were placed at the centre of the service.

The range of activities available to people had increased although the registered manager acknowledged this was an area which required on-going development. An activity co-ordinator and activity assistant had recently been recruited to the service and were spending time getting to know people's needs and interests. There was evidence displayed around the service that people had been involved in creating displays of tactile activity boards to add interest for people living with dementia as they moved around. Activity records showed that people had been involved in a range of activities including exercises, games, beer tasting, music for health, reading newspapers and a prayer group. Following each activity an analysis was completed to determine if people had enjoyed the activity and if it was worth repeating. Activities were also planned to celebrate specific events including a mother's day party and Easter egg painting. The service had started to attend a group for older persons at a local pub where they had a meal and had the opportunity to meet other people.

During the morning we observed staff supporting a small group of people in a craft group. In the afternoon people were encouraged to join in a short music and exercise group. Staff offered individual support to people where required and there was a lively atmosphere. However, there were significant periods in the day when we observed the majority of people did not have anything to do. The registered manager told us that activities was an area which required continued development. They were confident that with the appointment of the activity staff that a programme would be developed which met people's individual needs.

The support people were now receiving was more person centred and staff showed an awareness of people's life histories and interests. During previous inspections we had spoken to one person who appeared withdrawn and was reluctant to engage in conversation. At this inspection we found the person was alert and eager to speak to us due to the support they were now receiving. They had been supported to purchase a pet which staff were helping them to care for. They told us they enjoyed having their pet for company and referred to the pictures displayed around their room which brought back memories of their past work life and interests. Another person had previously told us they would like to have more craft materials as they enjoyed being creative. They had been given a budget to decorate an area with seasonal displays which everyone could enjoy. They showed us the Easter display they had created and were clearly pleased with this. In addition a 'Creative Minds' notice board had been placed in the corridor to enable the person, and others, to display their art work. Another person enjoyed walking and collecting objects that interested them. At this inspection we saw that a range of small objects and ornaments had been placed in the office and communal areas for the person to take and move around. The person enjoyed this activity

and staff talked to them about the items they had collected.

Care plans were now in place for each person and were accessible to staff. Relatives told us they were involved in the care planning process. Plans were personalised and provided guidance for staff to follow to meet people's needs and wishes. One person's plan stated that familiar photos of their family should be kept close to them to minimise their anxiety. We observed the person looking at their photos which were placed on the table beside them. Another person's plan detailed the type of music they preferred and we observed this was played for them. Detailed guidance was available regarding people's anxieties and behaviours which may challenge. Triggers to people's anxiety had been identified and guidance provided on how staff should communicate and approach people in order to reassure them. We observed staff reacted quickly when people were showing signs of anxiety and provided reassurance and explanations. Where people had specific health conditions such as diabetes, guidance was in place to ensure staff were aware of signs that the person may be unwell and the action they should take. Staff we spoke with were able to tell us about people's needs and describe how they liked to be supported. One staff member told us, "We're always talking to people to find out about them because everyone is different and you need to use different approaches."

There was a complaints policy in place and guidance on how to make a complaint was displayed. Relatives told us they would feel comfortable in raising any concerns with the management team. One relative told us, "We've not really had the need to complain but I would speak to the management and I'm sure it would be addressed." Another relative said, "I would ring and discuss any complaint. I'm sure they would follow procedure and let me know what had been done." The registered manager maintained a complaints log which showed that one complaint had been received since the last inspection. The registered manager had met with the relatives who had raised concerns and the outcome was recorded.

Is the service well-led?

Our findings

At our previous inspections in April, August and December 2016 we found there was a lack of effective oversight and leadership systems within the service. At this inspection we found that improvements had been made. Changes had been made to the management of the service and audit process had been implemented. People, relatives and staff were involved in the running of the service and there was evidence that their views were listened to.

Relatives told us they felt there had been improvements in aspects of the management of the service. One relative told us, "I've always thought it was great but there does seem to have been an improvement in the organisation." Another relative told us, "They have always been very caring but they're more communicative now. We did panic a bit with all the changes but we've been reassured."

Since our last inspection in December 2016 a new registered manager has been appointed. A full review of the service was completed and an action plan implemented to address the concerns identified. The registered manager had taken a systematic approach to making the required changes. They told us, "I feel much more comfortable now we have the structure and fundamentals in place. We have a good base to continue with the improvements. Staff know their roles and are taking responsibility, they are growing in confidence. It's a good atmosphere now." The registered manager told us they felt supported by the provider. They told us, "I took the position because I knew their attitude. Anything I request it is done and I feel they know their role in supporting the service." Records showed that the manager and provider met regularly to discuss the action plan and progress made.

The registered manager had implemented systems to monitor the quality of care and support that people received. An audit schedule had been developed to determine the frequency different audits should be completed. A range of audits were now taking place including mealtime observations, medicines, care overview, health and safety, call bell response times and infection control. Any shortfalls identified through the auditing process were promptly addressed to ensure continuous improvements. For example, an infection control audit had identified that staff did not have easy access to the personal protective equipment they required such as gloves and aprons. Personal protective equipment 'stations' had been fitted at central points to ensure staff had the equipment they required close to hand. During a mealtime observation audit, it was identified that two people were not comfortable sitting next to each other. It was agreed that staff would support those concerned to sit at different tables where they were more settled. An audit of care records had identified that daily notes for people's care required more detail. Staff were now receiving mentoring on how notes should be completed and improvements were seen in the detail provided.

Staff told us they felt supported by the management team. One staff member told us, "I'm very pleased with the registered manager. I'm learning and she is encouraging me to progress. As a whole the culture has changed which was needed." Another staff member said, "I feel supported and valued now. We're given time and are asked if we're okay. We always have support." Staff meetings were held monthly and areas of discussion included service issues and observations, people's individual care needs and best practice issues.

Minutes showed that staff were able to contribute to discussions and put forward ideas. In addition, meetings were held with senior staff members to review progress and discuss responsibilities. The registered manager told us, "Staff have been very loyal and we need to continue to invest in them."

People and their relatives had the opportunity to contribute to the running of the service. Residents meetings were held where people were asked for their views on the care they received, the activities they would enjoy and menu planning. In addition a food forum had taken place where small samples of different foods were available for people to try. Comments had been reviewed and changes to the menu implemented to include the foods people enjoyed. A relatives meeting had been held and relatives had been invited to share any comments or areas where they felt improvements were required. A number of relatives had commented that they felt there was a lack of activities at weekends. The registered manager had discussed these concerns with the activity staff and their rotas had changed to cover seven days each week. Feedback forms were available in the foyer area for people, relatives and visitors to comment on the service. Comments received included, 'Always welcoming and friendly' and 'Friendly welcome and approachable staff'.

People's confidential records were stored securely. All care records were electronically stored and could only be accessed by the use of individual passwords. Paper records were stored securely in locked cupboards in the office. The CQC had been notified of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary.