Mellifont Abbey LLP

Mellifont Abbey

Inspection report

Mellifont Abbey
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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 31 July 2018 and was unannounced.

At the last inspection, on 24 and 25 October 2017 we found significant concerns about the management of the home. Further concerns were found around people receiving safe care, risks had not been managed safely and there was not enough staff. Care had not always considered people's preferences or dignity. As a result, one breach in the Care Quality Commission (Registration) Regulations 2009 and two breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were found. We asked the provider for an action plan for how they would resolve the issues. Five conditions remained on their registration which meant they had to provide the commission with monthly updates.

During this inspection we found there had been improvements resulting in no breaches of regulation being found. There had been a restructure of the management. Quality assurance systems were now in place identifying concerns and finding ways to rectify them. Risks to people and the environment had been identified and ways to mitigate them put in place. People's choices were being respected and their dignity considered. However, there were still concerns about staff levels. People were placed at potential risk in the event of a fire because systems were not always in place. Systems were not in place to always prevent the spread of infections. Although there had been improvements it was not clear if they were all sustainable.

Mellifont Abbey is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home is registered to care for up to 23 people. At the time of the inspection 21 people were living at the home. People at the home had a mental health needs, were living with dementia or both. As a result of this, some people had limited verbal communication. If people required nursing care the community nursing teams would visit.

A registered manager was in place to run the home. 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 registered manager was supported by the general manager and a deputy manager to run the home.

People and their relatives told us they felt safe living at the home. Improvements had been made with assessing risks to people and the environment. There had been a focus on ensuring staff had received appropriate training to support people However, improvements were still required around fire safety and the cleanliness of the home. There were times when there were not enough staff to meet people's psychological needs. The management were actively trying to improve staff levels at the home.

There had been improvements around the management of the home including the auditing systems. This meant concerns had been identified and ways to rectify them put in place. The management had been restructured to provide additional external scrutiny by the provider. Statutory notifications were now completed in line with legislation to inform external agencies of significant events. Although there had been a drive to improve the service people received it was still not clear how sustainable this was.

People and relatives continued to tell us they liked living at the home. One person said, "The staff are wonderful here. They look after us as if we were family". People were being encouraged to provide feedback on the home and make suggestions to improve the service they received. Their complaints were listened to and action taken when it was required.

Medicines were managed safely and stored appropriately including those requiring additional security. Positive interactions were seen during the administration of people's medicines. People continued to be protected from potential abuse because staff understood how to recognise signs of abuse and knew who to report it to. There were recruitment procedures in place to protect people from unsuitable staff.

People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible. Most people enjoyed the food they were served at the home and if they required a special diet this was respected. Staff had been trained in areas to have skills and knowledge required to effectively support people. People told us their healthcare needs were met and staff supported them to see other health professionals. One person was supported to attend an appointment during the inspection.

Care and support was personalised to each person which ensured they could make choices about their day to day lives. Care plans clearly reflected people's needs and wishes so there was guidance for staff to follow. People were consulted about the activities they would like to participate in. There were opportunities for cultural and religious needs to be reflected in the choices. Improvements could be made with ensuring all parts of care plans were updated when there was a change in a person's needs. Some people who were less vocal needed to be consulted more about their activity preferences.

People and their relatives told us, and we observed, that staff were kind and patient. People's privacy and dignity was respected by staff. People, or their representatives, were involved in decisions about the care and support they received. People who had specific end of life wishes had their preferences respected by staff to help provide a dignified death.
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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.

People were not always being protected from all areas of health and safety because improvements were required around fire safety and managing the spread of infection.

People could expect to receive their medicines as they had been prescribed.

People had risks of abuse or harm minimised because staff understood the correct processes to be followed.

People were kept safe because risks to them had been identified and ways to mitigate them put in place.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs.

People had decisions made in line with current national guidance.

People had access to medical and community healthcare support.

People's nutritional needs were assessed to make sure they received a diet that met their needs and wishes.

Is the service caring?

Good

The service was caring.

People's preferences were respected by staff and so was their privacy and dignity.

People's needs were met by staff who were kind and caring. Staff respected people's individuality and spoke to them with respect.

People could exercise their religious and cultural beliefs. Visitors were welcome at any time.

Is the service responsive?

Good

The service was responsive.

People's needs and wishes regarding their care were understood by staff. Care plans reflected this and information was included to provide guidance for staff.

People benefitted because staff made efforts to engage with people throughout the day. Activities were in place in accordance with people's interests. Some people were less able to vocalise their activity preferences.

People knew how to raise concerns and systems were in place to manage complaints.

People had a dignified death because staff respected their end of life wishes.

Is the service well-led?

Requires Improvement

The service was not always well led.

People were living in a home which had a clear management structure providing lines of scrutiny. However, it was not yet clear whether this improvement was sustainable.

People, their relatives and staff were kept informed by the provider and involved in decisions about the home through a variety of systems.

People benefitted from living in a home where the management were striving to keep up with current best practices to drive ongoing improvements.

Mellifont Abbey

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 31 July 2018 and was unannounced. It was carried out by two 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 for people.

The provider had completed a Provider Information Return (PIR) and we reviewed it before the inspection. 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. We looked at the information in the provider's action plans, spoke with other health and social care professionals and looked at other information we held about the home before the inspection visit.

We spoke with 13 people that lived at the home and four relatives. We also had informal conversations with people at the home as we walked around and completed the inspection. We spoke with the registered manager, general manager and 10 members of staff including care staff and ancillary staff such as maintenance and the activity coordinator. Before and following the inspection, we spoke with two social care professionals and one member of the fire service.

We looked at two people's care records in depth. We observed care and support in communal areas. We looked at three staff files, previous inspection reports, action plans received from the provider, staff rotas, quality assurance audits, staff training records, the complaints and complements files, medication files, environmental files, activity records, statement of purpose, provider internal communication documents, feedback forms, minutes from meetings and a selection of the provider's policies.

Requires Improvement

Is the service safe?

Our findings

At the last inspection, in October 2017, there was a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because of risks not being assessed and mitigated. One person was at risk of the spread of infection and staff did not have guidance how to support people with pressure care needs. There was also the continuation of a condition to the provider's registration to inform us monthly of actions taken to ensure all potential risks to people had been assessed regardless of the length of their planned stay. The monthly reports informed us they had completed comprehensive environmental risk assessments.

During this inspection we found there had been improvements around the assessment of risks to people. There had been improvements with some areas of health and safety. People with specific health conditions had staff who understood their needs. Although there had been these improvements it was too early to identify whether they were sustainable.

New concerns were found because people were not always safe in the event of a fire. Recent risks assessments completed by the provider and a visit from the fire service had highlighted requirements to reduce the spread of fire. We checked whether these actions had been taken and not all had been. For example, some doors did not have special strips which expanded in the event of a fire to prevent smoke from spreading. Emergency evacuations from upper floors in the home had not always been considered for people with limited mobility.

In addition, there were inconsistencies in the content of the 'grab bag' near the entrance to the home. A 'grab bag' was near the entrance to the home in case of emergency evacuation containing important information and equipment needed. It contained two files of information with inconsistent or incorrect information. For example, one person moved bedrooms which was not recorded. Two people who had recently moved into the home were only in one or no folder. This meant there was a potential risk people would be hurt in the event of a fire or missed during an evacuation. The registered manager informed us they were due a visit from the fire service imminently and would seek advice from them. Following the inspection, we liaised with the fire service to ensure people were kept safe in the event of a fire.

There were still mixed opinions about staff levels in the home. One person said, "I feel secure here because there is always someone about". Whilst others told us, "There are not enough staff. They are always so busy. Never time enough to stop and chat" and, "Sometimes they are short staffed, but we muddle through. We try not to call them when they are under pressure". One relative told us they thought there were enough staff. Another relative said, "There are never enough staff" and continued to explain how they helped set up for meal times.

Staff reflected the fact they felt more staff were needed. One member of staff said, "We are short staffed which has a real effect on staff morale." Another member of staff told us, "There is enough staff if everything is going well but if someone needs some extra attention we struggle." On the day of the inspection there were sufficient numbers of staff to meet people's physical needs but limited opportunities for care staff to

spend time with people to meet their psychological needs. The registered manager told us they were actively recruiting to enable them to improve staffing levels.

There was a lack of ancillary staff, such as domestic staff. This meant that when the part time cleaner was not working care staff took on domestic roles which obviously took them away from their care roles. It also meant that standards of cleanliness within the home were not always being maintained which would help to promote good infection control practices and ensure a pleasant environment for people.

People told us they felt safe living at Mellifont Abbey. One person told us, "I feel well looked after and safe." Other people said, "You can't help but feel safe they treat us so well" and, "I do feel safe. I don't know why but I do". People seemed comfortable in the presence of staff and they often smiled when asked if they liked living at the home. One relative said, "I do think [name of person] is safe".

The risks of abuse to people were minimised because the provider had policies and procedures which helped to reduce risks. Staff had received training in safeguarding people and knew how to recognise and report concerns. Staff told us they would share any concerns with a senior member of staff and were confident their concerns would be listened to. Where issues had been raised with the provider they had taken appropriate action to protect people.

There was a robust recruitment process which made sure new staff were thoroughly checked to ensure they were suitable to work with vulnerable people. The recruitment records we saw demonstrated the provider obtained references and carried out a disclosure and barring service (DBS) check before staff began work. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Other risks to people had been assessed and ways to mitigate them recorded. One person had behaviours which could place them at risk of harm. Staff had recognised this and following an incident put in place measures to protect them. Their care plan reflected these actions to mitigate the risks. There were clear guidelines for staff to follow and staff were aware of them. However, people's initial assessments were not always identifying historic risks the staff needed to be aware of. One person had a history of accessing the community in a confused state due to their dementia. Nowhere on their initial assessment had this been identified. The general manager and registered manager told us their assessment forms will be reviewed to improve the information collected about new people.

The management had worked hard to improve systems around managing environmental risks in the home. There were now risk assessments in place for every risk already identified in the home. These contained ways to mitigate risks and all staff had been encouraged to read them. For example, there was guidance for staff to help reduce the hazards to people with a suicide risk. New hazards to people had been identified. Risk assessments had been put in place for visitors to the home so people's safety was at the forefront of thinking.

People received their medicines safely from senior staff who had received specific training to carry out the task. Members of staff treated each person as an individual whilst administering medicines. One person was sitting at a dining table. The member of staff crouched down to their level. Explained what the medicine was for and talked to the person. There was no rush with the process. Another person told us they always thought their medicine was on time.

Where staff administered medicines to people, records were kept showing when these medicines were administered or refused. This allowed the effectiveness of prescribed medicines to be monitored. Some people were prescribed medicines, for example to reduce anxiety, on an 'as required' basis. There were clear

protocols in place to show when these should be offered to people. This helped to make sure people received these medicines consistently to promote their well-being.

There was a system in place to monitor accidents and incidents. When any happened, the management investigated them. Ways to reduce the likelihood of reoccurrence were explored. For example, one person had put themselves in danger. Staff were made aware of the circumstances leading to this and how to reduce the likelihood of it happening again. All staff we spoke with were aware of these procedures in place.

People were kept safe because most health and safety around the home had been considered. Specialist tests had been completed on the quality of the water. Lifts and lifting equipment had been routinely tested to ensure they were safe.

Good

Is the service effective?

Our findings

At a previous inspection, in December 2016, we found that people who lacked capacity were not having decisions made in line with current legislation. As a result, a condition was added to the provider's registration to inform us regularly of actions taken when people lacked capacity and decisions were made on their behalf. At the last inspection, in October 2017, although improvements had been made it was not clear if they were sustainable. At this inspection, the management demonstrated they had sustained the improvement made.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People only received care and support with their consent. Most people could make day to day decisions about the care and support they received. Throughout the day staff asked for people's consent before assisting them. Staff knew how to support people who lacked the capacity to make a decision for themselves. Staff worked in accordance with the MCA and knew they needed to involve other people to assist them to make a best interest decision if people lacked the capacity to make a decision for themselves.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider had made applications for some people to be deprived of their liberty to keep them safe. There was a system in place allowing the management to monitor if any applications were due. If they were these were acted upon.

Some restrictions had been placed on people which could have an impact on other people living at the home. For example, the door from the dining room to an outside decking area had been locked to promote one person's safety. However, this meant that when other people wished to go outside they had to ask staff to unlock the door for them meaning they could not access the area independently. Two people used the garden unsupervised once they had been given access.

People were cared for by staff who had received the necessary training to make sure they were able to provide safe care and support. One member of staff informed us they had received all the basic training such as moving and handling and fire safety. Staff said there was always a senior member of staff to offer guidance and support and to monitor the care provided to people. The registered manager was currently preparing case studies based on real examples staff could work through. This meant staff were encouraged to continuously learn and consider best practices in line with national guidance. Improvements could be made to ensure those with specialist roles in the home received appropriate additional training.

New staff said they had had opportunities to shadow more experienced staff when they began work. They told us they were not asked to provide personal care and support to people until they felt confident to do so. It also allowed people living at the home to familiarise themselves with new staff before they supported them with personal care. One person told us, "I am very impressed with the staff." Another person said, "The carers seem to know what they are doing."

People were assessed prior to moving into the home. A member of the management met with the person and their family. They completed an assessment to identify any needs and wishes which would then be implemented. Most information was obtained during this process and then placed in a person's care plan. One person who had recently moved in had a detailed care plan in place. Most information had been identified such as the importance of religion to them and which GP they wanted to see.

People were supported to access other health and social care professionals to meet their needs. On the day of the inspection a member of staff supported a person to attend an appointment. Another person told us they were supported by staff to rub a special gel into their foot. This helped to reduce their pain and was in line with guidance from a medical professional. Care plans recorded people had accessed a range of professionals.

When people's health declined staff sought the appropriate advice from other professionals. One relative told us, "[Name of person] needs have increased but the home has been able to adapt and meet the increased need". They had ensured there were consultations with health and social care professionals. When people's needs became too great for the home they sought reassessments to ensure the placement was still appropriate.

Most people had a positive experience during meal times and had their dietary requirements and preferences met. One person said, "The food is lovely. I really enjoy the food". Another person told us, "I enjoy the food. It's really very good". Members of staff knew about people's specialist diets. The kitchen provided low sugar alternatives for people with diabetes and allergies. Even the auxiliary staff supporting people during lunch were aware. For example, the receptionist knew which people required a softened diet, those with allergies and those who were diabetic. People had a range of options to drink during lunch and there was water on every table.

However, there were occasions when the food being served to people was a little cold. There was no system in place to keep food warm whilst it was being served. The registered manager and general manager informed us they were recruiting more staff to prevent people having to wait at meal times. They would consider other systems to maintain the temperature of food during serving.

Some consideration had been made to people with recognised differences such as visual impairment and hearing difficulties. For example, there were large print dominos used in the afternoon for an activity. However, use of adaptations were not imbedded in the practices at the home. During the morning the standard sized dominos were used despite one person choosing to leave the activity because they could not see the numbers.

Good

Is the service caring?

Our findings

At the last inspection, in October 2017, we found people's preference with the gender of staff supporting them for intimate care was not respected. We also found decisions about television and music in communal spaces had not always considered people's wishes. At this inspection we found there had been improvements. There was always a female member of staff working to respect people's preferences. When the activity coordinator was changing the music in the dining room they involved people and listened to their choices. Staff knew people well who were less able to communicate their preferences. At meal times people could choose to eat in the dining room or their bedroom.

People were supported by kind and caring staff. One person told us, "I am happy here". They continued to say, "[Name of staff member] is a very kind man". Other people said, "Staff are kind. I've never had anything to get upset over" and, "Staff are very encouraging and interested in me". People were comfortable in the presence of staff and often sought them out. One relative told us, "Staff don't get enough praise as without exception they are all wonderful".

When people became upset staff made an effort to comfort them. One person looked distressed and in pain whilst sitting on a bench in the dining room. One member of staff immediately saw the issue so went over to support the person. They spoke quietly with them and made suggestions for how to make it better. The person smiled in response and made a choice on how to feel better. Another person told us of a distressing event which had recently happened to them. They explained staff had been supporting them and making sure they were alright following this experience.

Compliments received by the home reflected what we experienced. One visitor had written in a feedback form, "The staff are angels, infinite patience and love". Another person had written, "Staff are very caring and work hard to meet the needs of the residents." Other feedback read, "Staff are very professional and clearly know the residents" and, "Gives us peace of mind that she is well cared for in a safe environment".

People's privacy and dignity was respected by the staff. Care plans now reflected people's preferences for the gender of staff when receiving support with intimate care. These were reflected throughout the inspection and by the rota. All staff knocked on bedroom doors prior to entering the room. One relative told us, "I have never seen any member of staff not treating residents with dignity and respect. They are all so caring". Staff knew to support people with intimate care in private and always ensured doors were closed.

People were supported to make choices and these were respected by staff. One person said, "I spend most of my time in my room out of choice". One member of staff told us, "Most people make choices. They can do what they choose". During the inspection we witnessed staff practicing this. At meal time people could choose which pudding they had. One person was offered a choice of ice cream or cream with their jelly. Other people chose where they spent time in the home and what activities they participated in.

People were supported to follow religions and cultures important to them. One person, who had recently moved in, was becoming distressed when they were unable to attend church. Staff recognised the

importance to this person of their religion. There were records to demonstrate staff had supported them to attend church to pray. Another person told us, "We have Holy communion with [name of visitors] which is really nice as we can't get to church now". The activity coordinator was currently liaising with the church to provide more informal visits as well as the services.

People were encouraged to maintain contact with friends and family and visitors were always made welcome. One person told us, "My family visit a lot". During the inspection we saw visitors were made welcome and not restricted by the times they could visit. One relative told us they visited every other day. Another relative explained they liked spending time with everyone and not just their family member. People could choose where they spent time with them.

Good

Is the service responsive?

Our findings

At the last inspection, in October 2017, we found concerns with people's care plans because they lacked specific guidance for staff to follow. Activities were not prominently displayed and there was no space where they could make telephone calls. During this inspection we found there had been improvements with people's care plans. There was now detailed, personalised guidance for staff to follow. All staff were aware of what was in the care plan. Care plans reflected the people's needs and wishes.

People's care plans had improved. They were now cared for in a way that respected them as individuals and took account of their likes and dislikes. Since the last inspection the provider had begun to up-date care plans to make sure they gave staff clear information about people's needs and preferred routines. For example, one care plan stated the time the person liked to go to bed and that they liked to have a milky drink at bedtime. It also included information about the level of support they required with all areas of daily living such as personal care, eating and drinking, mobility and cultural, religious and spiritual needs.

The updated care plans were personalised and had lots of guidance for staff to follow. Staff were aware of this. Additionally, each person now had a hospital passport. This provided a brief outline of all the things which were important to the person should they be admitted to hospital in an emergency. There was information about people's mobility needs, mental health and communication preferences. Each person had guidelines for staff to follow about specific health issues.

Care plans also gave information about people's communication needs and how to enhance people's ability to communicate. One care plan said the person needed reminding to wear their hearing aids and glasses to promote their understanding and ability to communicate. We saw this person was wearing their glasses and hearing aids during the inspection. Updates to care was verbally communicated to staff and supported through written memos.

Staff knew people well and how to support them in a way that reduced their anxiety. One member of staff told us about a person who found crowds of people unsettling. At lunchtime we saw this person chose to sit on their own to eat their meal. They told us, "I like the peace and quiet here." Another person had strong religious beliefs and staff told us they took them to the local church. They were also trying to source a large print bible for them to read which they thought would be comforting for them.

There was a range of activities occurring during the inspection. This included group games such as dominos and bagatelle. Other people were watching television, knitting or choosing to spend time in their bedroom. One person regularly went into the village on their own to do shopping. Other people were taken out by staff to complete shopping or spend time in the community. The activity coordinator tried to involve people daily to pick the activities. Records were kept by the activity coordinator to monitor the type of activities taking place. However, there was a lack of analysis of the activities which had been successful and which had not been popular. This meant there was a possibility people who were less vocal may not be heard.

We discussed with the registered manager and the general manager how they promoted communication

and information sharing in line with the Accessible Information Standard. The Accessible Information Standard aims to make sure people with a disability or sensory loss are given information they can understand. During the inspection they showed us an electronic tablet they were uploading photographs of food and meals onto. This would allow those with verbal communication difficulties and memory issues the ability to select their food. There were some visual prompts next to signs around the home. Such as a picture of a lift with an arrow pointing 'this way' in the direction of the lift. The registered manager told us they had plans to liaise with other managers and providers to share ideas on how to meet this standard.

People had access to a complaints procedure which was displayed in the home. The complaints procedure was written in quite small black type which may not have been easy for people to read or follow. People told us if they had a complaint they would speak with a member of staff. One person said, "I would complain if there was really something wrong." Another person told us, "I see the [name of two members of management] around all the time and I know I can go see them if there is a problem but haven't needed to so far. I know there is a complaints procedure if I need it". When complaints were raised the registered manager and general manager had a clear system to follow.

People's end of life wishes had started to be considered as part of the new care plan system. There were records about basic wishes for when their health declined. People had the option of choosing not to be resuscitated. Hospital information reflected this information in case a person was taken to hospital in an emergency. Improvements still needed to be made on developing people's aspirations prior to the end of their life.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection, in October 2017, we found the service was not well led. There was a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach in Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The registered manager was the controlling person for the provider. There was no external scrutiny. This meant there was a lack of assurance around the monitoring and sustainability of the home. In December 2016 five conditions had been added to the provider's registration and remained in place after the October 2017 inspection. These were statutory requirements in place to drive improvements in the home. Monthly reports were received by the commission from the provider to outline the actions taken because of completed audits. These highlighted how the action plan was being met.

During this inspection we found there had been many improvements leading to no breaches in regulations. There was a restructure in the management of the home. The management had spent time updating their knowledge. There was now an auditing system by the provider which scrutinised the daily, weekly and monthly audits completed by senior staff. The provider was notifying the Care Quality Commission in line with legal requirements.

Although there had been improvements with the systems and management of the home it was not yet clear whether these were sustainable. Additionally, improvements were still required in areas of the home such as around fire safety which had not been identified fully by the provider. Care plan audits had not included all areas of the new care plans. For example, one person had a change in needs which had not been updated in their hospital passport. As a result, there were two parts of their care plan which contradicted each other. This could confuse new staff or agency staff so the person's needs or wishes would not be met. The registered manager and general manager informed us this had been an oversight. They would review the audits to include all sections of the care plans.

People and relatives were positive about the management of the home. One person said, "[Name of registered manager] is ever so good". One relative told us, "The home runs smoothly and did so even when [name of registered manager] had a lot of time off recently. Everything kept going well". Staff acknowledged the improvements but felt further improvements were needed. Comments included; "There doesn't always seem to be a central presence and so things are a bit disorganised," "It's a little bit disorganised, there doesn't seem to be any structure" and "The workers hold it all together not the management." During the inspection the staff were informed of the restructure during their staff meeting.

Since the last inspection there had been a restructure of the management in the home. The registered manager, who was the provider, was taking a step back from the day to day running of the home. They told us they would be taking a more oversight view including detailed provider's audits every six months. This would allow them to check the audits being completed by senior staff were effective to keep people safe and meet their needs. They showed us the audit they were currently working on. One member of staff said, "Not always sure who's managing the place but better since [name of registered manager] not here every day." The general manager and senior staff were continuing with weekly and monthly audits of different

areas of the home. For example, medicines were checked on a weekly basis to ensure any errors were dealt with in a timely manner.

The registered manager and general manager spent time updating their knowledge and skills. Recently they had attended a meeting about meeting the care Regulations to ensure they were delivering safe and good care to people. They attended meetings with other managers and providers to share practice ideas. As a result, there were ideas they were exploring to improve systems in the home and the experience people had. Additionally, they were looking at the possibility of sharing staff training with other small providers to improve the quality of the staff team. The registered manager told us they wanted to hold a coffee morning with other managers, again, to share ideas.

People and relatives were encouraged to share their views of the home and make suggestions for improvements. Recently, the registered manager had held an open day. They invited people, relatives and other professionals to come and speak about any feedback they had. Additionally, they wanted suggestions for any improvements to be made. The registered manager explained there was only a small take up this time. They thought as it was new it might take time for people and relatives to attend.

Systems were in place to update staff with any changes to people's care or processes in the home. There were 'memos' given to staff to inform them of immediate changes. Staff were aware of the changes we found recorded through this system. Staff meetings were held to allow all staff opportunities to discuss changes. During the inspection there was a staff meeting. The new management structure was shared. Topics focussing on some recent incidents and events were also looked at.

The registered manager respected the staff they employed. They put in systems to motivate staff and recognise achievements. Tokens of appreciation were provided such as a box of chocolates and bottle of wine when a member of staff displayed good practice. Staff were told about this system at the staff meeting during the inspection. They were informed about a new feedback sheet which was going to be used to drive improvements in the home.

There was a drive to involve the local community at the home. Recently, there had been a summer extravaganza which the village had been invited to. This was an opportunity for the people and community to be integrated. The management were now working in partnership with external bodies such as the local authority and safeguarding team. Clear records were in place this was occurring on a regular basis.