

St Anne's Residential Home Limited

# St Anne's Residential Home Limited

## Inspection report

Whitstone  
Holsworthy  
Devon  
EX22 6UA

Tel: 01288341355

Date of inspection visit:  
13 July 2017

Date of publication:  
07 August 2017

## 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

The inspection visit took place on 13 July 2017 and was unannounced.

St Anne's is a care home for up to 36 people, some of whom were living with dementia. At the time of the inspection there were 34 people living at the service. This was the first inspection of the service since a change in its legal entity, from a sole provider to a limited company in December 2016.

The service is situated in a rural area on the edge of the market town of Holsworthy, close to the town of Bude. The service has two floors reached by a passenger lift. It has been designed to accommodate people who may require specific aids and adaptations for their health and wellbeing. There are external grounds including a courtyard, which are private and not overlooked.

At the time of the inspection visit the manager had been in post for three months and was in the final stages of their registration with the Care Quality Commission (CQC). This has since been completed. 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.

Systems for the operation and management of the service were being reviewed and audited to ensure they were suitable to meet the needs of people using the service and supported staff in carrying out their roles.

The service had moved to an electronic system to record care needs and interventions. Staff used electronic tablets to record all interventions of care and support. Generally, staff were familiar with the operation of the system. However, while the information was in place it was, at times, difficult to find. When we discussed this with the manager they were aware of these issues and were currently carrying out regular audits to pick up these instances and address them. This was important to make sure necessary information about the person that might have impacted upon the rest of the care plan, remained up to date.

Where appropriate and when available, relatives were included in the reviews of people's care. A family member told us, "We are very involved in putting the care plan together." People had access to healthcare professionals and their healthcare needs were met.

We reviewed the systems for the management and administration of medicines. There were suitable storage systems for keeping medicines safe and secure. Only staff with responsibility for medicine administration had access to medicines. There were clear records of medicines administered to people or not given for any reason. There had previously been a number of medicine errors. In order to ensure this was reported to the manager and acted upon there was now a medicine error record. A staff member told us they felt this was a good way of making sure errors were being managed safely and changes made through additional training where necessary. By introducing this system meant regular medicines audits were consistently identifying if

any errors occurred.

We found two creams which had not been dated when opened. This meant staff would not be aware of the expiration of the item when the cream would no longer be safe to use. When raised with the manager they assured us it would be addressed with immediate effect.

The service acted within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were enough staff to help ensure people's health and social needs were met. People were treated with kindness, compassion and respect. Staff showed affection for the people they cared for. People were relaxed and happy and moved around the service freely as they chose. Staff were effectively deployed across the service and people's needs were met in a timely manner. People commented; "I feel my relative is very safe here. I have no concerns when I walk away" and "There are always staff around when we call and that's at different times and often."

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse. Some training updates were needed to ensure staff had the current knowledge and skills to respond to safeguarding concerns. This was being arranged by the manager. Staff supported people to keep in touch with family and friends.

There was a programme of meaningful activities. For example on the day of the inspection people were enjoying a monthly luncheon club. A small number of people and guests were enjoying a meal together. A relative said, "It's such a lovely idea. Everyone looks forward to it." Staff were familiar with the types of activities people liked either as a group or individually. Where people wanted to stay in their rooms this was respected by staff.

Staff were supported by a system of induction training, supervision and appraisals. Staff training had been reviewed and training dates put in place. Staff had recently received training in moving people safely. Staff meetings were held to share information and encourage staff to make suggestions regarding any issues or ideas they may have.

We observed regular drinks and snacks including fresh fruit were provided between meals to ensure people received adequate nutrition and hydration. Comments from people who lived at the service were positive about the quality of meals provided. One person said, "Very happy with the choice of meals. I can be fussy but I am happy with the food."

People told us they knew how to complain and would be happy to speak with the provider if they had any concerns. There were no complaints currently being investigated.

Systems had been put in place to take people's views into account through face to face discussions and formal meetings. There had been no formal survey of the views of people using the service since 2015. This was now being addressed being addressed by the manager. This would give people and their relatives the opportunity to have their say and give their views about how the service was run and the quality of the service.

People using the service described the management of the service as open and approachable and thought

people received a good service. Comments included, "I've always found the manager very approachable. We've got every confidence in how the home is run."

Equipment and supply services including electricity and fire systems were being maintained.

## 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 safe. People told us they felt safe using the service.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to report signs of abuse.

There were systems in place to help ensure the management of medicines was safe.

### Is the service effective?

Good ●

The service was effective. People had access to a varied and nutritious diet. Staff were available to support people with their meals as required.

The management and staff had an understanding of the Mental Capacity Act 2005 and made sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Staff had a good knowledge of each person and how to meet their needs. There was a training plan in place to support staff in developing their skills and knowledge to provide effective care to people.

People saw health professionals when they needed to so their health needs were met.

### Is the service caring?

Good ●

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support in line with those wishes.

### **Is the service responsive?**

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to take part in a range of group and individual activities of their choice.

Information about how to complain was readily available.

**Good** ●

### **Is the service well-led?**

The service was well led. There were clear lines of responsibility and accountability at the service.

The service had put systems in place to seek the views and experiences of people, their families and the staff in order to develop the service.

Staff said they were supported by management and worked together as a team, putting the needs of the people who lived at the service first.

**Good** ●

# St Anne's Residential Home Limited

## **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 unannounced inspection took place on 13 July 2017. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

We used the Short Observational Framework Inspection (SOFI) during the morning and over the lunch time period. SOFI is a specific way of observing care to help us understand the experience of people who could not speak with us.

We requested and were provided with a Provider Information Return (PIR) from the provider prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. Before the inspection we reviewed information held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with thirteen people who were able to express their views about living at St Anne's and two visiting relatives. We spoke with a visiting health professional during the inspection visit. We spoke with nine members of staff as well as the manager.

We looked around the service and observed care and support being provided by staff. We looked at the care and support records for three people living at the service. We looked at two records relating to staff recruitment, staff duty rosters, staff training records and records relating to the running of the service.

## Is the service safe?

### Our findings

People told us they felt safe living St Anne's care home and were confident of the staff that supported them. People said, "Yes, I do feel safe here and "Do I feel safe, oh goodness yes." The staffing rota showed there were enough skilled and experienced staff on duty to keep people safe and meet their needs. People received care and support in a timely manner and staff were not rushed. We observed staff were available to people in all areas of the service, so that people could call upon them if required. Call bells were responded to in a timely way. Staff told us, "We have a good system and always make the time to answer call bells quickly."

People and relative's told us there was enough staff to help ensure people's needs were met. During the inspection people's requests for assistance were met promptly. When a call bell was rung it was responded to quickly. There was a good skills mix of staff on each shift. A staff member said, "There are seniors on each shift now. It means we are getting the support we need." A new member of staff told us, "I've been really supported and we work well as a team."

People had risk assessments which identified risks in relation to their health, independence and wellbeing. Where necessary assessments considered the individual risks to people. For example, one person had experienced deterioration in their general health resulting in an emergency hospital admission. The assessment took into account the need for a change in diet and for staff to make specific observations. In another instance where a person's risks had increased. The service had sought professional support to ensure their safety and welfare. This showed the service understood what action to take to make sure people remained safe.

People received care and support in a timely manner and staff were not rushed. We observed staff were available to people in all areas of the service, so that people could call upon them if required. Staff told us, "We have time to spend with residents and are encouraged to do that. It can get busy but there are enough of us to deal with that."

People were supported by a staff team who knew how to keep people safe from the risk of harm and abuse. Staff received safeguarding training as part of their initial training programme. For current staff the manager recognised the need for training updates and was in the process of arranging this. Staff were confident to report any concerns relating to people's safety. During the inspection we observed staff using safe moving and handling practices to support people to transfer. Where it had been recognised equipment was not suitable to support a person the manager had responded by arranging an assessment and ordering equipment which would be safe and suitable to use when supporting the person. In addition people were provided with appropriate equipment to help to keep them safe. This included walking frames, pressure relieving equipment and hoists. This demonstrated the service was ensuring people and staff were protected from harm by using appropriate equipment.

People were cared for by suitable staff because safe recruitment procedures were in place. Staff had completed a recruitment process to ensure they had the appropriate skills and knowledge required to



provide care to meet people's needs. Staff recruitment files contained the relevant recruitment checks to be made before staff were employed to work in a care environment.

Incidents and accidents were recorded in the service. The records of these showed that appropriate action had been taken and where necessary to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks.

There was documentation to record maintenance and service of equipment as required. For example records confirmed a current electrical hardwire system complied with statutory requirements and were safe for use. A room leading to a storage area where electrical circuit boards were housed was not locked and could be a potential hazard. The manager told us they had ordered a secure key pad which would arrive shortly.

There was a system of health and safety risk assessment. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. There was a record of regular fire drills.

The environment was clean and hand washing facilities were available throughout the building. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately. All cleaning materials were stored securely when not in use.

## Is the service effective?

### Our findings

People and relatives told us they were confident in the competency of the staff supporting them. A relative told us, "We have every confidence in the staff here. I've seen them on a number of occasions helping people and they know how to use those hoists." The relative of one person said "Really impressed with care staff. They know everybody and what they need. I'm very impressed" and "We have every confidence in the staff. They have really taken time to get to know (Person). It's made (Person) feel relaxed."

Information in training records were limited in respect of demonstrating what training staff had carried out. Staff told us they had received a range of training over recent years but that some of it needed updating. The manager had put plans in place to address this with a recent course on moving and handling and several other courses planned during the forthcoming months. This meant staff would be provided with the necessary training to update their skills. A new member of staff told us they had received recent training in moving and handling and had almost completed the Care Certificate. The care certificate is a government backed training scheme for staff in social care which it is recommended that all staff new to care complete. New staff also had an induction to the home, to familiarise them with ways of working and a period of shadowing so they understood about the people living at the service and their individual needs.

New processes had been put in place by the manager to support staff. Records showed staff were receiving regular supervision and annual appraisals were planned. Staff members told us they felt well supported by the manager and felt confident about the level of support they received. A staff member said, "It makes such a difference knowing you have the support there when you need it."

A visiting professional told us they felt confident about the staff team's skills and competencies. They said, "Staff here are very good at asking advice and taking on what we suggest." Two relative's told us, "We are very confident about the staff. The manager talks me through any issues and keeps us informed" and "I know (Person) is very well cared for. I have no concerns. The staff really understand what residents need."

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). Nobody at the home was subject to the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Some staff had received training in mental capacity and it was part of the list of training requiring updating. The manager and staff demonstrated an understanding of the principles underpinning the MCA. Mental capacity assessments were

being carried out in order to be submitted to the local authority for assessment and to determine if authorisation was required. Where a person was refusing personal care and medication the service had responded by gaining professional support. In discussion with the manager it was agreed a 'Best Interest' meeting would be necessary to determine the need for an application to be made. The manager agreed this would be acted upon in the person's best interest. Some people living at St Anne's had capacity to make decisions about their daily lives. The manager had engaged with a number of families in respect of their relative's capacity. In some instances where relatives had power of attorney granted. They were involved in the consent to personal care and to ensure they were aware of how the person preferred to be supported when they were less able to consent to their care.

People had access to a range of healthcare professionals. A staff member told us, "The district nurses come in daily as well as doctors if they need to. We (staff) have a good relationship with them. They always give us advice when we ask for it." Staff made referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified. This included making appointments to see healthcare professionals when needed. There was evidence of action taken when staff detected changes in a person's health. A relative told us how the manager was always quick to contact them and talk through any health related concerns. They said, "I've been impressed with the way (Person) got seen by a specialist very quickly." Records demonstrated staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed. This had included GPs, hospital consultants, community nurses, speech and language therapists, dieticians and dentists. Advice of external health professionals was incorporated into plans of care for staff to follow. A health professional told us staff seemed competent in their roles and understood the needs of people they were caring for."

People were able to make choices about what they did in their day to day lives. For example, when they went to bed and got up, who they spent time with and where, and their choice of food. Some people made their own choices about whether to stay in their rooms, use the lounge areas or both. One person was frequently moving around various lounges and dining areas. A member of staff was always available to support them. A staff member said, "Resident like to be on the move. It's good that there are plenty of choices for them." There were no restrictions on how people chose to spend their time. We observed people using all areas of the service. One person said, "I like my own space in my room. I do sometimes go into the lounge but I like to rest on my bed a lot of the time." Another person told us, "I've got everything I need here in my room. The staff are always coming in and out. I never feel lonely."

People's nutritional risk assessments were updated and used to formulate meal plans which were suitable to the person. The cook was aware of people's special dietary needs. For example some people were diabetic so care was taken to ensure they had a healthy diet. Other people required their food of differing consistencies and the cook was aware of this so that food could be prepared in a safe and appropriate way.

Staff made sure there was a good supply of drinks available to people throughout the day. There was bottled water in the lounge and in other lounges people were offered juices as well as hot drinks. Where people were in their own room's staff were observed visiting regularly to check they had drinks available to them. One staff member was heard saying, "I've brought you another cup of tea, just as you like it. During the morning period staff were offering people biscuits and fresh fruit when providing drinks. This demonstrated staff understood the importance of making sure people have enough to eat and drink.

We observed the support people received during the lunchtime period. The mealtime was unrushed and people were talking with each other and with staff. Tables were attractively laid with serviettes and clean table clothes. People told us the food was very good. One person said there was a 'very good cook'. People told us they enjoyed their meals and there was always choice. Where people required support this was

carried out respectfully. A monthly luncheon club was taking place which involved a small number of people and their relatives having lunch together. The table had candles and was seen to be an enjoyable social event. A relative told us everybody gets the opportunity to attend the luncheon and that it was a 'very social event'.

The premises were very spacious. The main lounge was an exceptionally large room. Seating was set in a circle and due to not many people using this room it had large gaps and was not easy for people to have meaningful conversations. We shared this with the manager who agreed seating plans needed to be reviewed in order to use the space more effectively. People's rooms were spacious with en suite facilities available to them.

## Is the service caring?

### Our findings

People told us they were happy living at St Anne's. They found it to be a good place to live where staff knew what people's needs were and responded to them in a kind and caring way. People said, "The care is excellent, couldn't wish for better," "The staff are always asking me if I want something more to drink" and "We get looked after properly and it's very nice." On the day of the inspection visit there was a calm and relaxed atmosphere in the service. We observed people had a good relationship with staff and staff interacted with people in a caring and respectful manner.

Staff were clear about the backgrounds of the people who lived at the service and knew their individual preferences regarding how they wished their care to be provided. Staff placed themselves at people's eye level before speaking with them and providing support. We spent time in the communal areas of the service during our inspection. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress.

Staff were kind, respectful and spoke with people considerately. Relationships between people were relaxed and friendly and there were conversations and some laughter heard throughout the service. When people were being supported to move around the service staff spoke with them in a low voice and assisted them with the minimum of fuss, reassuring them throughout. People responded positively to this support. People's bedroom doors were closed when care was being delivered. There were portable signs displayed when personal care was being provided. It stated, 'Please do not disturb care in progress'. When not in use the sign was turned inwards. This showed staff understood the need for privacy and how to support people in a kind and caring manner.

People's choices were respected and staff were sensitive and caring. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing. Some care plans contained details about people's life histories and family background. This is important as it helps staff to understand who people are and supports meaningful engagement and conversations with them. There was also information regarding people's likes and dislikes across a range of areas including music, reading and any other interests. Some plans were limited in information available to staff but every effort was being made to complete them as much as possible.

Staff supported people to maintain contact with friends and family. A visitor told us they were always made welcome and were able to visit at any time. People were able to see their visitors in the lounge or in their own room. One visitor told us, "I come here a lot and at different times. The staff are always welcoming. All the staff are very caring."

People's privacy was respected. Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Staff always knocked on bedroom doors and waited for a response before entering. All the rooms were en-suite with a sink, shower and toilet. There was a choice of bath and shower rooms to meet people's personal preferences.

Some people used the lounges and dining room and other's chose to spend time in their own rooms. One person told us, "I like to have the choice about where I want to be. It's not a problem."

The manager was seeking the views and experiences of the people living at the service at resident's meetings. This included their thoughts on activities, the food and what they felt about how the service was run.

## Is the service responsive?

### Our findings

People received care which was responsive to their individual needs. People told us their individual preferences were met and were respected. People were taking their breakfast throughout the morning period. One person told us they liked to take their time in the morning. A staff member said, "Residents have their own routines and we go along with that. It's their choice." Another person said they liked to have their breakfast in their room and that staff always asked when they might be ready for it every day. This showed staff were responsive to people's choices. A visiting healthcare professional did not have any concerns about St Anne's and confirmed the staff responded appropriately when necessary and followed advice given to them.

People who chose to live at the service had their needs assessed prior to moving in. This helped ensure the service was able to meet people's needs and expectations. The manager was knowledgeable about the level of support people required. A family member told us they had a 'very positive' experience when planning their relative's admission. They said the manager had worked with the family to ensure all the necessary information was available and that the transition to the care home had been smooth due to this approach. This showed the manager was aware of the need to ensure all admissions were managed well. This was to ensure the service could respond to the person's needs without it being disruptive for other people using the service.

The service used an electronic system to record people's care needs as well as their social support needs and wishes. Care plans were subject to regular review in line with people's individual needs. The care plans were personal to the individual and provided staff with the information they needed to effectively respond to people's needs. The information was not always easy to find. For example one person had required food and fluid monitoring as staff had identified through a review that they were at 'high risk' due to a change in appetite and weight. Staff had been instructed to complete food and fluid monitoring. However this had stopped without the records saying why. Staff were able to clearly demonstrate the person's risk had reduced, but this was not updated on the care plan. When we discussed this with the manager they were aware of these issues and were currently carrying out regular audits to pick up these instances and address them. This was important to make sure necessary information about the person that might have impacted upon the rest of the care plan, remained up to date.

Risks were being responded to and there were measures in place to minimise risk. For example one person's health needs had recently changed. Staff had responded by seeking advice from health professionals to ensure the person's welfare and care needs were being managed. Staff were continuing to work with health professionals to support the person and keep them safe. A family member told us, "The staff have been working hard to get the right help with (Person). It can be so frustrating sometimes though. They don't always get the information they need." While the person's care records had the necessary information to instruct staff, the overall risk rating used by the service had not yet been reviewed. We spoke with the manager about this. The registered manager agreed this rating should be reviewed and updated whenever a change in risk level had occurred and agreed to address it immediately.

Some people living at St Anne's were living with dementia or limited memory and their ability to make daily decisions could vary. Staff had a good understanding of people's needs and used this knowledge to help respond to individual needs. For example, one person had concerns people were going into their room at night. Staff had identified this related to welfare checks by staff. They had been made less intrusive by staff just checking from the door. This demonstrated staff were taking action in people's best interests.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's backgrounds and where possible gathered information from families and friends. This supported staff to have relevant and meaningful conversations with people according to their interests and backgrounds. People were supported to maintain contact with friends and family. One person was taking lunch with their relatives. The relatives told us it was not unusual for them to have lunch and that they made sure they shared information with staff about the person's likes and dislikes so staff had a better understanding of how to respond to the person.

Activities were taking place in a way which was responsive to the needs and choices of people. There was a coordinator who had prepared a varied plan of activities. A relative told us the 'luncheon club' held monthly was very popular. This was seen during the inspection. In addition there were craft sessions taking place for a forthcoming summer fete. The range of activities was broad and a staff member said, "There is something for everybody. Some people like a lot of them (activities) but others like to pick and choose. It's really up to them." The manager told us it was planned to introduce a library so people had access to a range of books and articles. Some people liked reading daily papers and this was arranged for them. One person was observed reading the newspaper throughout the morning period. They told us they enjoyed doing this. They said, "It keeps me up to date with what's going on out there." There was a facility to support people into the community and in addition some families took their relatives out with them. There was a garden area and courtyard accessible to people using the service. Some people told us they liked using the area but also liked sitting in the sun lounge with the doors open.

People and their families were provided with information about how to raise a complaint. Details of the complaints procedure were displayed at the service. People told us they would speak with the manager or staff if they had any concerns. There were no current concerns being investigated. A relative told us they felt confident to discuss any concerns they had with the manager. They told us, "I have discussed things before and I felt listened to. I have every confidence things would be acted upon."



## Is the service well-led?

### Our findings

Although, the manager had only been in post for three months they had made many positive changes to the service and updated some systems. This included staff supervision and appraisal, staff training and medicines management. There had been five reported errors in medicines in the last twelve months. The changes already implemented meant there were better audit systems to ensure errors were acted upon which reduced the chances of them occurring again. The manager told us, 'it was a work in progress'. There was an on-going review of care planning. As previously stated information was available on the electronic system but not always easy to navigate. The approach by the manager meant the records would be much more user friendly and staff would have the specific elements of people's care plans at hand.

The manager had reviewed areas of the environment. There had been a change in rooms for laundry and medicines. This was because what had previously been a medicines room was large and better suited for laundry. A staff member told us, "It's made such a difference because the laundry room is much more spacious and more suitable as a laundry area."

There were clear lines of accountability and responsibility within the service. The manager was actively involved in the day to day operation of St Anne's. Staff were effectively deployed throughout the service and had clearly defined duties and areas of responsibility. Comments received from staff members, relatives and people who lived at the service were positive about the registered manager's organisation and leadership. A staff member said, "Lots of changes but we are asked for our views and opinions" and "We are a good team. Some of us have worked together for a long time."

There were systems in place to support all staff. Staff meetings took place and were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes. Staff told us communication was good and any changes were always fed back in communications records. A staff member said, "The manager is very nice. There are regular staff meetings where we can voice out opinions and are asked how the home can improve" This demonstrated the service ensured information was available to all staff, it was current and staff had the opportunity to share information with the registered manager.

There had been no survey since 2015. However the manager had plans in place to engage with people and their families, to formally gain their views and comments and use the results to develop the service. While there had been no formal survey the manager had taken time to speak with people using the service through meetings. There was a resident/relative meeting list with dates for the coming year. This gave people the opportunity to contribute to the development of the service.

There were quality assurance systems in development as stated in this domain of the report to drive continuous improvement within the service. For example, using an observation feedback and reflection tool. This was being introduced to observe staff practice in a number of areas including moving and handling to ensure it was safe for the person and staff. Outcomes would be used to ensure staff were meeting fundamental standards of care. A staff member told us this had been shared with staff and they felt it would

be a positive thing.

Based on the progress made in a short period of time, and the confidence people, staff and professionals had in the new manager, we were assured that the audit systems would be fully implemented very soon.