

## The Abbeyfield Kent Society

# Abbeyfield - The Dynes

### Inspection report

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### 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

Abbeyfield - The Dynes is a residential care home offering personal care and accommodation to older people and those living with dementia. The service is provided across two floors and is registered to accommodate a maximum of 35 people. There were 35 people using the service at the time of our inspection. The service does not provide nursing care. The service can offer a respite service.

This inspection was carried out on 16 August 2016. One inspector carried out this unannounced inspection.

There was a manager in post who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 last inspection, in August 2015, we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches related to the management of risks to people's safety, infection control, staff skills, meeting people's health needs, the suitability of the premises and record keeping. The registered manager sent us an action plan detailing the action they would take to become compliant with the regulations. This inspection took place to check that the registered provider had made improvements in these areas. We found that the required improvements had been made.

Risks to people's wellbeing were assessed and staff knew what action they needed to take to keep people safe. Accidents and incidents were recorded and monitored to identify how the risk of recurrence could be reduced. The service was clean and hygienic. Staff understood how to reduce the risk of infection spreading in the service and they followed safe practice. People were protected by staff that understood how to recognise and respond to the signs of abuse.

Staff had completed in depth training in dementia and we saw that this had positively influenced their practice when caring for people. Staff were knowledgeable about how to meet the emotional needs of people living with dementia and skilled and sensitive in their approach. The décor of the premises had been improved to provide a more stimulating and suitable environment for people living with dementia. People were able to enjoy different themed areas of the service, which provided them with a pleasant living environment and also helped them find their way around the service.

Staff identified and met people's health needs. Where people's needs changed they sought advice from healthcare professionals and reviewed their care plan. Records relating to the care of people using the service were accurate and complete to allow the registered manager to monitor their needs. Medicines were stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

There were a sufficient number of staff on duty at all times to meet people's needs in a safe way. The

registered provider had systems in place to check the suitability of staff before they began working in the service. People and their relatives could be assured that staff were of good character and fit to carry out their duties.

Staff communicated effectively with people and treated them with kindness and respect. People's right to privacy was maintained. They promoted people's independence and encouraged people to do as much as possible for themselves. Personalised care and support was provided at an appropriate pace for each person so that they did not feel rushed. Staff were responsive to people's needs and requests. Improvements had been made in the skills of staff to meet people's emotional needs. People were more actively engaged in social activities and tasks than at our last inspection.

Staff understood the triggers to people becoming anxious and how best to respond, but this was not always included in their care plan. We found that people living with dementia did not always have care plans in place to guide staff in responding if they became confused or disorientated either in time or within the premises. We have made a recommendation about this.

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications to restrict people's freedom had been submitted and the least restrictive options had been considered. Staff sought and obtained people's consent before they helped them. People's mental capacity was assessed when necessary about specific decisions. When necessary, meetings were held to make decisions in people's best interest, following the requirements of the Mental Capacity Act 2005.

People had enough to eat and drink and were supported to make choices about their meals. Staff knew about and provided for people's dietary preferences and restrictions.

People were involved in making decisions about their care and treatment. Clear information about the service and how to complain was provided to people and visitors. The registered provider sought feedback from people and used the information to improve the service provided.

There was a system for monitoring the quality and safety of the service to identify any improvements that needed to be made. The registered provider had a clear and effective improvement plan for the service and had made a number of positive changes since our last inspection.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

Staff knew how to recognise the signs of abuse and report any concerns. The registered provider had effective policies for preventing and responding to abuse.

Risk assessments were centred on individual needs and there were effective measures in place to reduce risks to people. There was an appropriate system in place for the monitoring and management of accidents and incidents.

There were a sufficient number of staff deployed to ensure that people's needs were met to keep them safe. Safe recruitment procedures were followed in practice.

Medicines were administered safely.

The risk of the spread of infection in the service was appropriately assessed and reduced.

### Is the service effective?

Good 

The service was effective.

Staff were appropriately trained and had a good knowledge of how to meet people's individual needs. Staff were skilled in meeting the needs of people living with dementia.

Staff were knowledgeable in the principles of the Mental Capacity Act 2005 and acted in accordance with the legal requirements. People were only provided with care when they had provided consent.

People were supported to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable food and drink.

People were referred to healthcare professionals promptly when needed.

The premises met the needs of the people living with dementia

and was comfortable and well maintained.

### Is the service caring?

Good ●

The service was caring.

Staff communicated effectively with people and treated them with kindness, compassion and respect. People were involved in making decisions about their care.

People's privacy and dignity was respected by staff. Staff promoted people's independence and encouraged them to do as much for themselves as possible.

### Is the service responsive?

Good ●

The service was not consistently responsive.

People were involved in planning their care. They had personalised plans that mostly met their needs. However, the care plans for people living with dementia did not detail how staff should support them if they were confused or anxious. We have made a recommendation about this.

A range of social activities were provided that reflected people's interests and hobbies.

Staff responded effectively to people's needs and requests.

The service sought feedback from people and their representatives about the overall quality of the service. People's views were listened to and acted upon.

### Is the service well-led?

Good ●

The service was well-led.

The service was flexible and personalised. There was an open and positive culture which focussed on people. Positive links had been made with the local community.

Accurate records were maintained to allow the registered manager to monitor care delivery.

The registered manager provided clear leadership for staff and an opportunity for them to provide feedback and suggestions for improvement.

# Abbeyfield - The Dynes

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

This inspection was carried out on 16 September 2016 and was unannounced. The inspection was carried out by one inspector.

For this inspection we had not asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we looked at records that were sent to us by the registered provider and the local authority to inform us of significant changes and events. We spoke with the local safeguarding team and commissioning team to obtain their feedback about the service.

We looked at four people's care plans, risk assessments and associated records. We reviewed documentation that related to staff management and agency staff recruitment files. We looked at records of the systems used to monitor the safety and quality of the service, menu records and the activities programme. We also sampled the services' policies and procedures.

We spoke with six people who lived in the service and one of their relatives to gather their feedback. We also 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 spoke with the registered manager, five care staff, and housekeeping as part of our inspection.

At our last inspection in August 2015 the service was rated 'Requires Improvement.'

# Is the service safe?

## Our findings

People and their relatives told us they felt safe living at the service. One person told us, "I am well looked after and I don't have to worry about anything." Another person told us, "Yes, I feel very safe here." Another person told us, "I'd obviously rather be at home, but I am ok here."

At our last inspection, in August 2015, we found a breach of regulation relating to the management of risks to people's safety and wellbeing. People were not always helped to move in a safe way and risk assessments had not been kept under review to ensure they were effective. At this inspection we found improvements had been made and the provider is now meeting the requirements of the regulation. Staff had completed refresher training in safe moving and handling practice and were required to undergo a check of their practice in this area every three months. Details of the hoisting equipment and size of sling required for each person had been recorded and supplied to staff. Risk assessments had been reviewed regularly and updated as needed. Where an accident had occurred, such as a fall, the registered manager had reviewed the risk assessment and care plan to ensure the risks were minimised. The service had a policy that if people had more than three falls in a short time frame they should be referred to the falls clinic. Some people had been referred to the falls clinic for further assessment and support, the advice given by the clinic had been followed by staff.

Other risks to individuals had been assessed as part of their care plan. This included the risk of developing pressure wounds and poor nutrition and hydration. An action plan was in place to minimise the risk of harm and staff we spoke with were clear about the action they were required to take to keep people safe. Staff we spoke with had a good understanding of the factors that can place people at risk of skin damage and how to reduce these risks. At the handover between shifts staff shared information about people who may require additional encouragement to drink sufficient amounts of fluid.

The premises were safe for people to use and had been well maintained. Bedrooms were spacious and clutter-free so people could mobilise safely. Equipment was maintained in good order and had been checked and serviced at appropriate intervals to make sure it was safe to use. Maintenance staff tested the temperature of the water from various outlets each month to ensure people were not at risk of water that was too hot. There was a system in place to identify any repairs needed and action was taken to complete these within a reasonable timescale. The service had an appropriate business contingency plan for possible emergencies. There was a procedure in place for evacuating people from the building in the event of an emergency, such as a fire. People had individual evacuation plans outlining the support and equipment they would need to safely evacuate the building.

At our last inspection, in August 2015, we found a breach of regulation relating to infection control. At this inspection we found that improvements had been made and the provider is now meeting the requirements of the regulation. The service had undergone a deep clean and sanitisation by an external contractor. A permanent team of contractor cleaners had been brought into the service to support the existing housekeeping arrangements and a new cleaning schedule was in place. The premises were clean and free from any unpleasant odours at the time of our inspection. We saw housekeeping staff undertaking their

regular daily cleaning tasks as well as deep cleaning tasks such as carpet cleaning. The registered manager was in the process of recruiting a head housekeeper to oversee the delivery of this part of the service. Weekly spot checks of the cleanliness of the premises were made by the registered manager. The service held a policy on infection control and practice that followed Department of Health guidelines and helped minimise risk from infection. Staff understood infection control practice and the importance of effective handwashing in reducing the risk of infection. Staff told us they used disposable gloves when providing personal care to people and we saw that staff obtained these before providing care. Staff understood and followed safe procedures for managing soiled laundry and clinical waste. This meant that people's risk of acquiring an infection was reduced.

At our last inspection, in August 2015, we made a recommendation that the registered manager ensured there was clear guidance in place for administering medicines prescribed to be given 'as required'. At this inspection we found that improvements had been made. Each person had a protocol that described the circumstances in which their 'as required' medicines should be given. This meant that staff were consistent in their approach to using these. People's medicines were managed so that they received them safely. The service had a policy for the administration of medicines that was regularly reviewed. We saw staff administering medicines and accurately recording when people had taken these. Everyone using the service had recently had their prescribed medicines reviewed by their GP. The NHS continuing care team had also carried out a review of medicines management in the service. Where areas for improvement had been identified action had been taken by the registered manager to address these. People's medicines were stored appropriately and accurate records were maintained.

People were protected by staff that understood how to recognise and respond to the signs of abuse. They knew how to access information about safeguarding and where the policy related to the safeguarding of adults was located. The policy reflected the guidance provided by the local authority and had been recently reviewed. Staff understood their responsibilities to report any concerns about abuse and told us they were confident to do so. Staff training records confirmed that their training in the safeguarding of adults was up to date. The registered manager understood how to report safeguarding concerns appropriately and had demonstrated that they had worked positively with the local safeguarding team to ensure people's safety when risks had been identified.

There were a sufficient number of staff on duty at all times to meet people's needs in a safe way. The staffing rotas showed that sufficient numbers of care staff were deployed during the day, at night time and at weekends. The registered provider reviewed staffing levels each month using a dependency tool to ensure that sufficient numbers of staff were provided. Some agency staff were used to fill vacancies. The registered manager had introduced a new induction for agency staff that included the provision of an information sheet about the key needs and preferences of each person using the service. We saw that staff had time to chat with people and support them with social activities in addition to meeting their health and care needs. Staff responded quickly when people called for assistance and there were staff available to supervise people at all times in the communal areas of the service.

The registered provider followed robust procedures for the recruitment of new staff. The staff files we viewed contained interview records, references and a disclosure and barring check (DBS). Gaps in employment history were explained. We found that one agency staff member arrived for duty on the day of the inspection without evidence of their suitability to work in the service. The registered manager arranged for this information to be obtained from the agency before the person was allowed to work with people in the service. All staff received an induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. New staff were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved

outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

# Is the service effective?

## Our findings

People told us that the staff were competent in meeting their needs. One person told us, "They know what help I need and I trust they know what they are doing." People told us they enjoyed the range and quality of the meals provided. One person said, "I have plenty to eat" and another said, "I do enjoy the food."

At our last inspection, in August 2015, we found a breach of regulation relating to the skills of the staff that cared for people. We found that staff did not have the necessary skills and knowledge to effectively meet the needs of people living with dementia. At this inspection we found improvements had been made and the provider is now meeting the requirements of the regulation. Staff had completed in depth training in dementia and we saw that this had positively influenced their practice when caring for people. Staff were more knowledgeable about how to meet the emotional needs of people living with dementia and were more skilled and sensitive in their approach.

Staff received essential training to enable to carry out their roles effectively. There was an ongoing programme of training for staff to complete that included safeguarding, first aid, infection control, safe moving and handling and the Mental Capacity Act (MCA) 2005. The registered manager reviewed staff training needs and booked staff to attend refresher sessions as required. Staff told us that the training was relevant and useful. They said they were given the opportunity to practice their skills, for example in using a hoist, before they were required to support people to use the equipment. Staff demonstrated that they had understood the training they had completed, for example they knew how to recognise and report safeguarding concerns.

Staff were encouraged to gain qualifications relevant to their roles and their personal development objectives. New staff were required to complete the care certificate. The 'Care Certificate' was introduced in April 2015. It is designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that care homes are expected to uphold. Staff said they had enjoyed completing the care certificate and were going on to do other qualifications such as a diploma in health and social care. All staff received a supervision session with their line manager at least every two months. Staff told us they were given the opportunity to discuss their role, their development needs and any support required.

At our last inspection, in August 2015, we found a breach of regulation relating to meeting people's health needs. Changes in people's health needs were not always followed up. At this inspection we found improvements had been made and the provider is now meeting the requirements of the regulation. People's care records showed that health and social care professionals were involved with people's care, such as district nurses, GPs, dentists and dieticians. Care plans were in place to meet people's health needs and these had been reviewed and updated where people's needs had changed. People were weighed fortnightly and fluctuations of weight were noted in their care plan. Staff reported concerns about people's health to the person in charge of the shift. Records showed they contacted the GP as needed. A handover system was used to ensure that staff were aware of people's health each day when they arrived for work. This ensured that staff responded effectively when people's health needs changed.

At our last inspection, in August 2015, we found a breach of regulation relating to the suitability of the environment for the people using the service. The premises had not been designed or decorated in a way that met the needs of people living with dementia. At this inspection we found that improvements had been made to the premises to meet people's needs and the provider is now meeting the requirements of the regulation. A dementia specialist had carried out an assessment of the environment and made recommendations for improvements. The registered manager had implemented these, which included redecorating communal spaces. The registered manager told us that a person who was not usually interested in being involved in activities in the service had been really involved in this project. Specific areas of the service had been decorated to themes including a beach theme, London transport theme, an indoor garden and a movie theme. This related to the interests of people using the service and helped those living with dementia to find their way around more easily. There was a seating area at the front of the service near to the reception and registered manager's office. Some people enjoyed using this space to relax and chat with staff and others.

The accommodation was spacious, comfortable and welcoming. Sufficient numbers of bathrooms were available on each floor of the building to meet people's needs. Large clear signs had been added around the premises to help people find their way. These signposted people to the dining room, lounges and bathroom facilities. The registered manager told us they planned to personalise people's bedroom doors to help them to recognise their own rooms. Items of interest had been placed around the communal areas, including hats on a hat stand, books, twiddle muffs (a hand muff for sensory needs), soft toys, bags and trinkets. This gave people interesting things to look at or do whilst walking around the service. Some areas of the service had textured walls for people to feel as they moved around. A sensory garden had been developed in a previously unused part of the garden. There was seating for people to use and the registered manager told us this had become a popular area. The activities coordinator used the space on warmer days to hold group quizzes and help people to do crosswords whilst enjoying the outside space. The main garden area included raised flower beds for people to use, safe pathways and seating.

Staff were trained in the principles of the Mental Capacity Act 2005 (MCA). The 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. Staff we spoke were able to confidently describe the main principles of the legislation. We saw that staff obtained people's consent, for example before providing care or helping people to move. Where people had difficulty making a specific decision an assessment of their mental capacity to make that decision had been carried out. When people did not have the mental capacity to make certain decisions, meetings were held with appropriate parties to decide the best way forward in their best interest.

People can only be deprived of their liberty so that they can 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 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. Appropriate applications to restrict people's freedom had been submitted to the DoLS office for people who needed continuous supervision in their best interest and were unable to come and go as they pleased unaccompanied. The registered provider had considered the least restrictive options for each individual.

People's dietary needs and preferences were documented and known by the chef and staff. There was a menu displayed outside the dining room. The menu provided two choices of meal per day. People told us

that if they did not want either meal the chef would prepare an alternative. Snack baskets had been introduced since our last inspection. We saw these were refilled throughout the day with fruit, crisps and packets of biscuits. This enabled people to help themselves to snacks whenever they wished. High calorie, low calorie and low sugar snacks were available for those that needed them. We saw that people always had drinks close by and they were encouraged to drink. There were water and juice machines for people to help themselves to cold drinks and a hot drinks trolley every few hours. People were given the assistance they needed to eat their meals and had the equipment they needed so they could eat independently. Staff recorded the amount people had eaten at each meal so that they could ensure people were getting enough to eat.

## Is the service caring?

### Our findings

People, and their relatives, told us they felt the staff were caring and treated them kindly. One person told us, "The staff are lovely, all of them, I can't fault them." Another person said, "They are kind and treat me very nicely."

At our last inspection, in August 2015, we made a recommendation that agency staff be supervised until they get to know people well enough to support them alone. At this inspection we found that improvements had been made. The registered manager had introduced an information sheet for agency staff that gave them key pieces of important information about each of the people using the service. This helped them when supporting the person and in engaging in meaningful conversations with them. We saw that staff knew people well and they were able to tell us about things that were important to them, for example routines or interests they liked to follow. This is me documents had been completed for everyone using the service. This gave staff information about people's life history and things that were important to them.

Staff were kind and patient when talking with people and providing support. Care and support was provided at an appropriate pace for each person so that they did not feel rushed. The registered manager told us that the service felt calmer as staff were better skilled at meeting people's emotional needs. Staff took time, as often as was needed throughout the day, to provide reassurance to people who were anxious or confused. The registered manager had arranged for a person living with dementia to have a baby doll and pushchair. We saw that the person had the doll with them at all times in the day, caring for the doll. The registered manager told us, "It has been the best thing we have ever done, [the person] is so much calmer and happier. It is amazing, they have changed overnight." The registered manager told us the use of the doll had been so successful they were looking to get dolls for others who may enjoy caring for them. The use of doll therapy has been found to be useful in providing comfort to people living with dementia and meeting their emotional needs.

Clear information about the service was provided to people and their relatives. A brochure was provided to people who wished to move to the service. There was a clear complaints procedure which was made available to people. People were involved in their day to day care and in the reviews of their care plans when they were able to and when they wished to be. People had signed their care plans, where they were able to, to confirm they agreed with the plan of care. Staff asked people their views about matters relating to their care. People's relatives were kept informed and involved where appropriate for the individual.

People's right to privacy and dignity was respected. People were assisted discreetly with their personal care needs in a way that respected their dignity. Staff had helped people to dress in the way their care plan stated they preferred and to have belongings with them that were of importance, for example their handbag. People had been supported to wear their glasses, dentures and hearing aids if they needed these. Staff spoke with people in a respectful way and addressed them by the name they preferred. Where appropriate, staff were lively and joking in their approach or were quieter and more discreet depending on each person's personality. People's records were kept securely to maintain confidentiality.

Staff encouraged people to do as much as possible for themselves. People's care plans reflected where they could do things for themselves and where they required support. Staff presented options to people so they could make informed decisions, such as what they liked to eat, to wear or to do, to promote their independence. Staff were aware of the importance of providing the right level of support to ensure that people's needs were met, but also to enable them to do as much for themselves as possible. People were provided with equipment, where needed, to enable them to move around independently and to eat without assistance.

People's spiritual and cultural needs were met. There was a monthly Church of England service held in the home and information available about other churches nearby. One person was visited by their own minister and other people were invited to join them if they wished. People told us that they could watch church services and celebrations of significant events on television. Significant events, such as Christmas and birthdays were celebrated in the service. Photos around the service showed that people had been supported to celebrate other events such as the Queen's birthday at a local church.

## Is the service responsive?

### Our findings

People and their relatives told us that the staff were responsive to their needs and requests. One person said, "I don't have any problems getting help when I need it."

At our last inspection, in August 2015, we made a recommendation to improve how people were supported to maintain their hobbies and social interests. At this inspection we found that significant improvements had been made. During our inspection we saw that people were more actively engaged in social activities and tasks than at our previous inspection. Staff were supporting one group of people to make apple turnovers, which were then served at lunchtime. People were chatting with each other and staff during this and they told us they were enjoying the activity. Another group of people were involved in an exercise class held in a smaller lounge. A new activities coordinator had been appointed and had begun reviewing the range of activities available in the service. People had been supported to go on trips out, including a trip to the coast, a wildlife park, to the park for a picnic and for meal out. Staff had used information about people's interests and hobbies to help them plan their social activities. For example, one person was supported to continue with their collection of London transport vehicles.

People's needs had been assessed and a care plan written to meet the identified needs. The assessment process included seeking the views of the person about their own care needs. Recently the registered provider had reviewed everyone's care plans to ensure they were person centred and sufficiently detailed to provide consistent care. We reviewed some of these care plans and found they were detailed and reflected people's preferences and needs. Care plans for meeting people's personal care needs detailed the support they required, what they could do for themselves and any equipment that was needed. Where people's needs had changed, for example, they now required a piece of equipment to safely walk around, their care plan had been updated to include this. Staff had a good understanding about the triggers to people becoming anxious and how best to respond, but this was not always included in their care plan. We also found that people living with dementia did not always have care plans in place to guide staff in responding if they became confused or disorientated in time or within the premises. We recommend that people's care plans detail what the triggers and signs of anxiety or confusion and the way staff should respond. This will ensure staff are effective and consistent in their approach.

At our last inspection, in August 2015, we made a recommendation that ongoing complaints into the laundry service be further reviewed. At this inspection we found that improvements had been made. The registered manager had reviewed the laundry arrangements for the service and had appointed a new laundry assistant. There had been no further complaints about this part of the service. People we spoke with, and their relatives, were aware of how to make a complaint. Detailed information about how to complain was provided for people in the brochure, in the reception area and on the noticeboard in the main area of the home. The registered manager had taken appropriate action to investigate complaints and provide feedback to the complainant within an appropriate timeframe.

People were regularly invited to give feedback about the quality of the service through the resident and relatives meetings held in the service. People and their relatives were also invited to complete an annual

satisfaction survey. The most recent survey had been sent out and the registered manager was awaiting the summary report of the results to be issued by the company conducting the survey on behalf of the registered provider.

## Is the service well-led?

### Our findings

People told us the service was well-led. They told us, "I think it is quite well organised. We have had more activities lately so things seem to be improving." Another person told us, "I am happy with everything at the moment, but I would go and talk to [the registered manager] if there were any problems and it would be sorted out."

At our last inspection, in August 2015, we found a breach of regulation relating to record keeping. At this inspection we found that improvements had been made and the provider is now meeting the requirements of the regulation. Records relating to the care of people using the service were accurate and complete to allow the registered manager to monitor their needs. Fluid charts, repositioning charts and cleaning charts were being completed as required and the registered manager made regular checks on these. All records were kept securely and confidentially.

The registered manager demonstrated that since our last inspection they had been committed to improving the culture of the service. Assessments of the effectiveness of the service in meeting the specific needs of people living with dementia had been completed and improvements had been made. People were more engaged in activities that met their social and occupational needs and the atmosphere in the service was calmer and more responsive. The registered provider had reviewed the layout of the office space and had moved their office and the staff office to a more central position in the service. The registered manager told us this had greatly improved communication with people's relatives who were able to easily pop in to see the registered manager when they visited. The staff office was now located near to the communal areas, which allowed staff to supervise these areas and to be more visible to people when completing records and staff handover meetings each shift. We saw that these changes had ensured that staff were more accessible to people and staff were able to respond to people's needs more efficiently. Staff were positive about the support they received from the registered manager. One staff member told us, "I am really enjoying working here, I get the training I need and it is a nice place to work."

The service was integrated into the local community. The registered manager had built good links with local churches and community groups. Recently the service had become involved in a project with a supermarket chain which allowed people from the service to obtain goods that would otherwise be disposed of at the end of the day. This included fresh cut flowers and cakes. The registered manager told us the involvement in the project had helped to raise the profile of the service in the local community and had given people the opportunity to use the supermarket more frequently. The service was holding a cheese and wine event and people's relatives and friends had been invited to come along. A summer fayre had been held at the service where people from the local community had been invited to attend.

There was an effective system in place to monitor the quality and safety of the service provided. A number of audits had been completed each month and the findings of these had been used to develop an action plan for the registered manager to complete. We saw the most recent action plan showed that the necessary action had been taken. For example, gaps in records required addressing and this had been completed. The head of compliance for the registered provider monitored accidents and incidents in the service to identify

any patterns where risks could be further reduced. The registered manager received a monthly report requiring them to provide the head of compliance with an update on the action taken to respond to incidents and reduce risks. Since our last inspection the registered provider had invested more resources into the service to drive improvements. This included an assessment of the service by a dementia specialist, financial resources to improve the premises and increased training for staff. The results of the improvements were seen during the inspection especially in relation to meeting the emotional needs of people living with dementia.

The registered provider and registered manager were open and transparent. They consistently notified the Care Quality Commission of any significant events that affected people or the service. They were aware of updates in legislation that affected the service and communicated these to staff effectively. The service's policies were appropriate for the type of service. All policies and procedures had been reviewed and updated and staff had signed to confirm they had read and understood these. Staff were able to describe the key points of significant policies such as the safeguarding, infection control and complaints policies. They were aware of where to access the policies when they needed them.