The Royal Masonic Benevolent Institution Care Company

James Terry Court

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 19 September 2017 and was unannounced. James Terry Court has previously been inspected by the Care Quality Commission (CQC). However the service was registered as new in April 2016 due to changes at provider level and this is the first inspection of the service since that date.
You can access previous inspection reports about the service by selecting the 'all reports' link for James Terry Court on our website at www.cqc.org.uk

James Terry Court is a large care home that provides accommodation, personal care and nursing care for up to 76 older people. People who use the service have a range of care and nursing needs associated with old age, which may include living with dementia.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People and staff had positive things to say about senior staff and said they were approachable, supportive and responsive to their needs. The provider was making positive changes to continuously improve the service. Improvements that had been made had made a difference to staff who now had access to better information about how to meet people's needs. Future planned improvements would make the service a more stimulating and comfortable place for people to live.

However, people had few opportunities to share their views and have their say in how the service could continuously improve to meet their needs. The quality of information and communication provided to people and their representatives also needed to improve. People were not told how the provider planned to deal with any issues identified through internal quality reviews of the service. This lack of openness and transparency meant people had limited opportunities to hold the provider to account for making required improvements and changes at the service.

People were safe at James Terry Court. Staff knew how to protect people from the risk of abuse and followed appropriate guidance to minimise identified risks to people's health, safety and welfare. Regular checks of the premises and equipment were carried out to ensure these were safe and posed no risks to people.

There were enough staff deployed to keep people safe. People told us there was a shortage of permanent staff at the service and the provider was using temporary agency staff to cover vacancies. However the provider had measures and checks in place to help them ensure there were enough staff to meet people's needs.

The provider had robust arrangements in place to check the suitability and fitness of all permanent and

temporary agency staff to support people. Staff were trained and supported by senior staff to meet people's needs. They knew people well and provided people with support that was dignified, respectful and which maintained their privacy.

Staff supported people to be as independent as they could and wanted to be. The environment was well designed and provided a comfortable and supportive environment for older people, particularly for those living with dementia.

People were involved in planning and making decisions about their care and support needs. People's support plans reflected their needs and their choices and preferences for how they received care. Staff were aware of their duties under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They obtained people's consent before providing support and followed legal requirements where people did not have the capacity to consent. Senior staff reviewed people's care and support needs regularly.

People were supported to stay healthy and well and staff encouraged them to eat and drink sufficient amounts to meet their needs. Staff monitored people's general health and wellbeing and where there were any issues or concerns about a person's health, staff ensured they received prompt care and attention from appropriate healthcare professionals. Medicines were managed safely and people received them as prescribed to them.

People were encouraged to take part in activities to meet their social and physical needs and to reduce risks to them from social isolation. People were also supported to pursue their specific interests. Their family and friends were encouraged to attend social events that took place at the service which helped people to maintain these important relationships.

People were satisfied with the care and support they received from the service. The provider maintained appropriate arrangements to deal with people's complaints and concerns if they were dissatisfied with any aspect of the service.

The senior staff team carried out a wide range of checks and audits to monitor and review the quality of the service. When areas for improvement had been identified through these checks, senior staff took action to make any changes that were needed. Learning from accidents and incidents helped improve staff's understanding and awareness of why these occurred and the appropriate actions to take to reduce the risk of further reoccurrence.

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 what action to take to protect people from abuse or harm and to minimise identified risks to people's health, safety and wellbeing.

Regular checks of the premises and equipment were carried out to ensure these were safe.

There were enough staff deployed to keep people safe. Appropriate checks were made on their suitability and fitness to work at the service.

People received their medicines as prescribed. Medicines were managed and stored safely.

Is the service effective?

Good

The service was effective. Staff received training to help them meet people's needs and were supported in their roles. Staff were aware of their responsibilities in relation to the MCA and DoLS.

Staff monitored people ate and drank sufficient amounts and their general health and wellbeing. They reported any concerns they had about this promptly so that appropriate support was sought for people.

The environment was well designed and provided a comfortable and supportive environment for older people, some of whom were living with dementia.

Is the service caring?

Good

The service was caring. Staff knew people well and respected their rights to be treated with dignity and to privacy particularly when receiving care.

People were supported by staff to be as independent as they could be.

Visitors were free to visit their family members or friends when they wished and no restrictions were placed on them.

Is the service responsive?

Good

The service was responsive. People were involved in planning and making decisions about their care and support needs. Support plans reflected their preferences for how they were supported. These were reviewed regularly by staff.

People were encouraged to take part in activities to meet their social and physical needs and to reduce risks to them from social isolation.

People were satisfied with the support they received. The provider had appropriate arrangements in place to deal with any concerns or complaints people may have.

Is the service well-led?

Requires Improvement

Some aspects of the service needed to be improved. People had few opportunities to share their views and have their say in how the service was delivered. Communication and information provided to people about the service needed to improve.

The provider was making positive changes to continuously improve the service. People and staff said the senior staff team were approachable and supportive.

Senior staff monitored the service to check the quality of care and support provided. They used learning from accidents and incidents to reduce risks of further reoccurrence.

James Terry Court

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 19 September 2017 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed the information we held about the service. This included reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send us about significant events that take place within services.

During our inspection we spoke to 12 people who lived at the home and three visiting relatives. We also spoke to the senior staff team which consisted of the registered manager and two deputy managers. In addition we spoke to the facilities manager, a registered nurse and eight care support workers. We also spoke to a manager from the organisation responsible for the catering provision at James Terry Court.

We looked at records which included eight people's care records, medicines administration records (MAR) for all the people using the service, staff training and supervision records and other records relating to the management of the service. We undertook general observations throughout our visit and used the short observational framework for inspection (SOFI) during lunchtime. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

There were enough staff deployed to keep people safe. People told us there was a shortage of permanent staff at the service and the provider was using temporary agency staff to cover vacancies. One person said, "They have difficulty sometimes and seem to have a lot of agency, but they are very nice." Another person told us, "There's nothing wrong with the staff, as long as they're not short-staffed. But it's not their fault."

Our checks of staff rotas confirmed a large number of agency staff had been used to resource the service. We discussed this with the registered manager who confirmed a number of permanent staff had left which had left the service short of staff to support people hence the reliance and use of agency staff to help meet people's needs. The registered manager said although they did not use any specific tools to ascertain how many staff were needed to meet people's needs, staffing levels were reviewed daily by the senior staff team who ensured each shift had suitably experienced and qualified permanent staff on duty alongside agency staff. These measures and checks helped them to ensure there were enough staff to keep people safe.

Recruitment of suitable permanent staff was underway to fill vacancies. We saw on the day of our inspection the provider was holding a recruitment day at the service with another planned for the following month. In the interim the registered manager sought assurance of agency staffs' suitability to work at the service by obtaining information from their employment agency about their work histories, qualifications and that the appropriate criminal records checks had been undertaken. For new permanent members of staff, the provider had robust recruitment practices to ensure only suitable staff were employed to support people. They carried out checks on staff's suitability including verifying and obtaining evidence of their identity, right to work in the UK, training and experience, character and previous work references and criminal records checks. Staff also completed health questionnaires so that the provider could assess their fitness to work.

People said they were safe at James Terry Court. One person said, "Yes, overall I feel safe." Another person told us, "As safe as it possibly can be." And another person said, "Oh yeah. Nobody can break in. When they lock that door no-one can come in."

Staff received the support they needed to protect people from abuse or harm. Training was provided to all staff in safeguarding adults at risk which helped staff to recognise the signs of abuse or harm and the action they must take to protect people. The provider had placed posters in the home which encouraged people and staff to report any concerns they had and how they should do this. Staff told us the action they would take if they suspected a person was being abused or harmed. This included following the provider's procedure for raising concerns and reporting these to an appropriate individual such as the senior staff team or to the local authority and/or police. Records showed when concerns about people had been reported by staff, appropriate action was taken by the senior staff team. They worked proactively with the local authority safeguarding team and others involved in people's care to ensure people were sufficiently protected.

Staff were informed about identified risks to people's health, safety and wellbeing and the action to take to keep people safe. Records showed risks posed to people by their specific health care conditions were

assessed by the senior staff team and routinely reviewed. Using the information from these assessments, senior staff updated people's support plans with guidance for staff on how to minimise or reduce identified risks. For example, some people had been identified as at risk of falls due to their health care conditions. Their individual support plans advised staff on how to reduce these risks by, for example, monitoring people to watch for any signs of ill health that could contribute to a fall, following appropriate guidance on how to move and transfer people safely and keeping the environment clear of hazards so that people could move freely around.

Measures were also in place to reduce risks posed to people by the premises and equipment. Environmental risks to people had been assessed and guidance on how to minimise these was followed. For example, to reduce risks of scalding from hot water, hot water temperatures from outlets were regulated and monitored to ensure these did not exceed permitted safe levels. Where this could not be easily regulated in the kitchen, this area could only be accessed by staff using a key pad entry system. A maintenance and servicing programme was in place through which checks were undertaken of fire equipment, alarms, emergency lighting, call bells, hoists, assisted baths, the lifts, equipment and electrical appliances, water hygiene and the gas heating system.

People had Personal Emergency Evacuation Plans (PEEPs) which outlined how they should be moved or kept safe in the event of an emergency, such as fire or flood. One person told us, "They recognised that there was a problem with the initial room that I was allocated… if there was a fire then I wouldn't be able to get out. They gave me another room which has double doors and my bed is on wheels so they could easily wheel me out if we needed to evacuate the building." We also looked at the provider's Business Contingency Plan, which was up to date and accessible to staff. It contained relevant information concerning the safe management of adverse events such as fire, flood, staff shortages and power cuts. These included emergency contact numbers and alternative accommodation arrangements.

People were supported to take the medicines prescribed to them. We looked at the medicines administration record (MARs) for all the people using the service and checked stocks and balances of medicines which indicated people received medicines as prescribed. Creams, dressings and lotions were labelled with the name of the person who used them and signed for on topical MAR charts when administered. Protocols were in place for medicines given on an 'as needed' basis (PRN) which outlined how, when and why they should be taken and included maximum doses over a 24 hour period. Where a person could be given varying numbers of tablets, for example one or two painkillers, this was clearly recorded on their MAR. We noted time-critical medicines were given at the appropriate time. There were also formal methods and protocols for assessing and managing pain for people who could not verbally express their needs.

The provider maintained appropriate arrangements for safe medicines management. Medicines were safely stored in locked cupboards. Medicines requiring refrigeration were stored in lockable fridges which were not used for any other purpose. The temperature of the fridges and the rooms in which they were housed were monitored regularly to ensure the safety of medicines. Controlled drug stock checks were completed daily. For people that managed their medicines independently, senior staff had undertaken a risk assessment with them to ensure they possessed the ability to manage their medicines. Where people received their medicines covertly, their records showed appropriate steps had been taken to ensure the proper authorisations and guidance to do so had been obtained.

Staff received training in medicines administration and had access to the provider's medication management policy which set out their role and responsibilities. The provider had recently introduced assessments to review staff's on-going competency to administer medicines safely. Senior staff undertook

daily, weekly and monthly audits of medicines. We saw where recent issues had been identified through these audits around the inconsistent use of PRN protocols and unsigned MAR charts, an action plan had been put in place to address this. This was monitored and reviewed by the senior staff team. We noted the provider was also subject to an external audit by the dispensing pharmacist in May 2017. This had identified a number of minor issues which the provider had since rectified.

Good

Is the service effective?

Our findings

People were supported to stay healthy and well. People said they could access healthcare professionals and services when they needed support with their healthcare needs. They told us the GP, district nurses, dentist and optician visited the service regularly. The registered manager told us the provider paid for all the people using the service to receive treatment and care from a chiropodist. Regular health checks were carried out by staff and documented in people's individual records. For example, people's weights were monitored to check for weight loss or gain that could be detrimental to their overall health and wellbeing. Staff maintained daily records of the support provided to people and recorded their observations about people's general health and wellbeing. When staff became concerned about a person's health and wellbeing or a person became unwell, staff sought support from the relevant healthcare professional.

Staff received training to help them meet people's needs effectively. They attended training in topics and areas relevant to their work, for example; health and safety, fire awareness, food hygiene, moving and handling people, first aid, customer service, the care of people with dementia, equality and diversity and The Mental Capacity Act (2005)and Deprivation of Liberty Safeguards. The senior staff team monitored training so that refresher training could be arranged when required to ensure staff's knowledge and skills remained up to date.

Staff received support from the senior staff team through a supervision (one to one meeting) and appraisal programme. These meetings provided staff opportunities to discuss their work performance, reflect on their working practice and identify opportunities or areas where they could further develop. Staff told us the training and support they received from the senior staff team helped them to provide care and support that people needed.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. 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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

As part of the planning and review of their care and support, staff routinely assessed people's understanding and ability to consent to the care and support they needed. The senior staff team ensured people's relatives or representatives and relevant healthcare professionals were involved in making decisions in people's best interests, where people lacked capacity to do so. We saw applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. Records showed the provider was complying with the conditions applied to the DoLS authorisations. The registered manager reviewed authorisations regularly to check that they were still appropriate.

People were supported to eat and drink sufficient amounts to meet their needs. We saw during mealtimes staff prompted people to eat their meals and made sure people had access to drinks to support them to stay well hydrated. Staff were informed about people's individual dietary needs including their specific likes and dislikes as set out in their support plans. Where people had food allergies or required special diets due to their healthcare, cultural or religious needs, this was catered for. On the day of our inspection one person that had specific cultural preferences with regard to food, was served a meal that met this need. Staff recorded what people ate and drank. They used this information along with monthly nutritional risk assessments to check that people were eating and drinking enough. Where any concerns about this were identified they sought specialist support from the relevant healthcare professionals.

James Terry Court was a comfortable place to live and provided a supportive environment for people who may be frail, may have reduced mobility and/or a sensory impairment and may be living with dementia. To support people to move around safely, hand and grab rails had been located throughout the home. Corridors were well lit, wide and bright and along with communal areas and individual bedrooms could accommodate wheelchair users. Pictorial signs and pictures were used throughout the environment to help people identify important rooms or areas, such as their bedroom, toilets and bathrooms.

Specific areas and spaces had been created within the home to support people to engage in social activities with each other and their family and friends. For example there was a hairdressing and beauty salon and a pretend 'corner shop' complete with food items and an old fashioned till on the ground floor of the home. There were activity rooms where people could take part in arts and crafts. There were also small semi-private places where people could sit comfortably with a paper, books or games to occupy themselves if they wished. Balconies on the different floors of the home were easily accessible and led out to gardens and seating areas. One person said the roof garden was an important space for them and their partner, who was a wheelchair user, as they could no longer easily access spaces outside of James Terry Court.

Good

Is the service caring?

Our findings

The majority of people we spoke with had positive things to say about the staff that supported them. One person said, "Everyone has a welcoming smile which helps." Another person told us, "Really nice, caring staff." Another person said, "They talk to you when you come in." And another person told us, "Some are better than others…on the whole I find that the more senior, more experienced staff are very good." Relatives told us staff were friendly and polite when they visited the service and placed no restrictions on when they could visit their family members.

Throughout our inspection we observed a range of interactions between people and staff. We saw people did not hesitate to ask for staffs' support when they needed this. There was a high level of engagement between people and staff which was friendly yet respectful. When undertaking activities staff created a fun, inclusive atmosphere in which everyone was encouraged to participate if they wished. It was clear staff knew people well, including their life histories, and they used this knowledge to engage people in conversation. This was not restricted to nursing and care staff. We also saw positive and inclusive interactions between people and the staff responsible for domestic duties and maintenance at the home. Staff we spoke with demonstrated a good understanding of the needs of people they were supporting and were able to explain how each person communicated and made choices about what they wanted.

We observed the breakfast and lunchtime service in different parts of the home. As people entered the main dining area on the ground floor for breakfast they were greeted by friendly and welcoming staff and asked how they were and whether they had slept well the previous night. People arrived to eat at different times but this did not limit the options available to them. People could choose to have fresh fruit, cereals, toast and/or a hot cooked breakfast. The breakfast service in the ground floor dining area of the John Hunter Wing was smaller but provided a cosy, intimate and peaceful experience for people who were living with dementia. Staff were attentive and provided extra cups of tea when people asked for this.

At lunchtime the main dining area on the ground floor was well staffed and people received their meals promptly. Staff chatted with people and checked they received the meals they had ordered. Three staff members assisted people that needed support to eat their meals and this was done in a considerate and patient way. People ate well and meals looked and smelt appetising. There were plenty of drinks available and people had a selection of drinks to choose from. After their meal they also had the option of a hot drink.

However the lunchtime service in the dining area on the top floor Kingfisher Suite was less well organised and staff were not as attentive to people and their needs as they should have been. For example one person, who was a wheelchair user, could not get to their preferred seat as a chair was blocking their path but staff did not notice this as they were busy trying to work out people's meal orders. Another person took the initiative and cleared the chair out of the way so that the person in the wheelchair could reach their seat. When people were served their meals staff did not explain to people what they were eating so people had to ask what was being placed on the table. We noted one person who asked for a specific meal had to wait over 25 minutes for their lunch to arrive. When an extra staff member arrived to support the lunch service there was an immediate improvement in the quality of support provided to people and staff were more

responsive to people's needs. We discussed our observations with the senior staff team who acknowledged that the issues we saw on the top floor were related to the late arrival of the agency staff member booked to support the service and they would take steps to address this after our inspection.

People were treated with dignity and respect and staff maintained their right to privacy. We saw staff were kind and courteous and asked people for their permission before providing any support. We observed people were dressed in fresh, clean clothes and their hair and nails were tidy and trim which indicated staff were attentive to people's appearance. We saw staff knocked on people's bedroom doors and sought their permission before entering their room. They kept doors to bedrooms and communal bathrooms closed when supporting people with their personal care to maintain their privacy and dignity.

Staff encouraged people to be as independent as they could be. People's support plans set out for staff what people were able to do for themselves in terms of their care needs. This guided staff on how to support people to retain as much control and independence as they could with the tasks of daily living. For example we saw one person was able to undertake most aspects of their personal care when getting washed and dressed in the morning and staff were instructed to only step in when the person could not finish this without their support.

Good

Is the service responsive?

Our findings

People were generally satisfied with the care and support provided at James Terry Court. Comments we received about the service included, "Everything is planned and they work to the plan"; "The care is fine"; "Looked after wonderfully well"; "It's brilliant" And, "There isn't anything that I'm not happy with. If there was they would know about it."

People were involved in discussions about how their care and support needs would be met by staff. Senior staff undertook detailed assessments with people before they started to use the service to establish the level of support they required and their choices and preferences for how this was provided. Where people could not participate in these discussions their representatives provided important information about them and how they would want their needs to be met. Information from these discussions was then used to develop an individualised support plan for people.

People's support plans were personalised and reflected their preferences and choices for how care was provided. For example we saw plans reflected people's preferences for when they woke up and went to bed, whether they wished to have a bath or shower when getting washed and dressed, when they liked to take their meals and how they wished to spend their day. There was also important information about their cultural and spiritual beliefs and how they wished to be supported with these for example to attend religious services. Information in people's support plans helped staff deliver support that was personalised and tailored to their individual needs. Staff demonstrated a good understanding of people's care and support needs and how people wished to be supported with these.

People's care and support needs were reviewed by the senior staff team every month. Where changes to people's needs were identified, their records were updated promptly so that staff had access to current information about the level and type of support people required.

People were encouraged to take part in a range of activities to meet their social and physical needs and to reduce risks to them from social isolation. One person told us, "If it's something that I'm interested in I go, but if I'm disinterested then I don't!" Another person said, "They're here if you want it but I don't go, but they always come and ask. It's my choice."

The service currently had one full time activities coordinator in post. Another activities coordinator had recently been appointed and was due to start in the near future. In the interim the activities coordinator was supported by care staff to deliver daily activities which ranged from games, quizzes and puzzles, arts and crafts sessions, movie afternoons and therapeutic massages. External entertainers such as musicians also visited frequently to provide entertainment to people. We observed people appeared to enjoy the activities they took part in and staff prompted and encouraged as many people to take part that wished to. The service had access to a minibus which was utilised to take people out for visits, activities and events in the community.

People were also supported to pursue their specific interests. For example one person was supported to

continue playing sport in the community after moving to the service as this was something they enjoyed doing and was an important part of their life. In addition to activities there were newspapers, magazines, books, games and arts and crafts easily accessible and available for people to use to occupy their time. There were also social events that took place at the service which people's family and friends were encouraged to attend. Recent events included a 'Hog Roast', a tea party and garden party. Staff also told us about the Caribbean theme night held in the roof garden complete with authentic food and musicians playing steel drums.

People knew how to make a complaint if they needed to and to whom. One person said, "I would speak to the manager." Another person told us, "There are several of the staff you can approach." The provider had appropriate arrangements in place for dealing with people's complaints or concerns if these should arise. The provider's complaints policy was clearly displayed in communal areas. It contained information about how and to whom people and/or their representatives should make a formal complaint. Records showed when a concern or complaint had been received the registered manager had conducted an investigation, provided appropriate feedback to the person making the complaint and offered an apology, where appropriate.

Requires Improvement

Is the service well-led?

Our findings

The majority of people, their representatives and staff had positive things to say about the senior staff team at the home. One person told us the registered manger was approachable and friendly. A staff member said the senior staff team were supportive and responsive to their needs.

People had some opportunities to share their views and have their say in how the service could continuously improve to meet their needs. People and their representatives could give their feedback and rate their experiences of the service through a quality survey. This was sent annually to people and the last survey was in 2016. The registered manager confirmed a new survey was imminently due to be issued to people and their representatives. However there was no formal programme of meetings where people and their representatives could regularly meet with the senior staff team, give their opinion about the service and make suggestions for improvements. These only took place on an ad hoc basis with the last meeting taking place in April 2017.

The registered manager told us they operated an 'open door' policy and people and their representatives were welcome to pop in and see them when they liked. We saw this happened on the day of our inspection. We noted the registered manager's office was located away from the main reception desk so was not clearly visible to people and their representatives. There was no signage to direct people or to inform people and their representatives that they could visit the registered manager if they wished so some people and their representatives may not have known they could do this. There was no information or photographs displayed at the service about the senior staff team to help people recognise who they were and what they looked like which meant they were not as accessible to people and their representatives as they could be.

The quality of information and communication provided to people and their representatives needed to improve. During this inspection we listened to people's feedback about staffing and their concerns about the shortage of permanent members of staff. We were able to seek assurances from the senior staff team that a plan was in place to recruit new permanent staff and in the interim use temporary agency staff to ensure there were enough staff to keep people safe. However it was clear people did not know about the provider's plans to deal with this issue as this had not been communicated to them which could have helped to alleviate their anxieties or concerns about this.

People and their representatives were also not made aware of the outcome of internal reviews about the quality and safety of the service and how the service planned to deal with any issues identified through these. For example the provider had carried out their own mock CQC inspection of the service in January 2017 and identified a number of areas of the service that needed to be improved. The senior staff team had a plan in place to make improvements and changes following the mock inspection. However the results of the mock inspection had not been communicated to people and their representatives. Similarly we saw no information for people and their representatives about any actions the provider would be taking to make improvements following the last annual survey in 2016. It was clear from the analysis undertaken of people's responses that their overall satisfaction with the service had fallen from the previous year. However the provider had not told people and their representatives how they intended to take action to seek

improvements. This lack of openness and transparency meant people and their representatives had limited opportunities to hold the provider to account for making required improvements and changes at the service.

Notwithstanding the issues above, the provider was making positive changes to continuously improve the service. For example a new electronic records system had been implemented at the service to address issues and concerns identified by the provider through their own internal checks about the quality of paper records. Staff spoke positively about this change and the difference it had made to the accessibility and quality of information about people's care and support needs. The registered manager audited a sample of care records each month to check staff were updating and maintaining these correctly. Our checks of electronic records found these had been well maintained and in the main up to date and accurate.

We saw a programme of refurbishment was underway with changes being made to the physical environment. The registered manager told us and we saw the changes being made were designed to make the service a stimulating and comfortable place for people to live. For example an area of the home was being redesigned into a 'pub' complete with authentic fixtures and fittings to replicate the feel and atmosphere of a traditional pub. Another part of the home was being refurbished to create the look and feel of an old fashioned train carriage. And a sensory room was being built to provide stimulation and support to people, particularly for those living with dementia and/or at end of life. These specially designed spaces and areas would enable people to enjoy the experience of social activities normally found in the community, within the home.

We saw improvements had been made to how the service used learning from accidents and incidents involving people at the service. The registered manager showed us a new tool recently introduced by the provider to help them analyse and identify any trends or issues relating to falls that occurred. They told us this had helped to improve senior staff's understanding and awareness of why these may have occurred and identified the appropriate actions to take to reduce the risk of further reoccurrence.

The senior staff team carried out a wide range of checks and audits of the service and included areas such as the management of medicines, care records and documents, infection control and health and safety in the environment. Unannounced spot checks had also been used to check the service at night to monitor and review staff's working practices and the quality of support provided to people.

When areas for improvement had been identified through these checks, senior staff took action to make any changes that were needed. The registered manager told us although the service had a high number of vacancies after evidence of poor working practices had been found from unannounced spot checks, the recruitment campaign enabled them to robustly recruit new permanent staff that were clear about the provider's values and aims to deliver good quality care to people. In the interim to limit the impact of vacancies the senior staff team had reviewed how the service was delivered and reduced the number of nursing beds at the service. This helped to mitigate the impact of the lack of suitably qualified temporary nursing staff in the sector to meet people's nursing needs.