Care Excellence Limited

Lindau Residential Home

Inspection report

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New Romney
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27 July 2017

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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

This inspection took place on 26 and 27 July 2017 and was unannounced.

Lindau Residential Home is registered to provide nursing; personal care and accommodation for up to 37 people. There were 27 people using the service during our inspection; who were living with a range of health and support needs. These included; diabetes, catheter care and people who needed to be nursed in bed.

Lindau Residential Home is a large detached house situated in a residential area just outside New Romney. The service had a large communal lounge available with comfortable seating and a TV for people and separate, quieter areas. There was a secure enclosed garden to the rear of the premises.

The previous inspection on 2 and 3 June 2016 found three breaches of our regulations, an overall rating of requires improvement was given at that inspection. The provider had not ensured actions designed to address risk had been followed through into practice. This specifically related to people that required special air mattresses to help prevent pressure wounds. Medicines had not been administered, recorded, stored or managed in a safe way which posed a risk to the safety of people. People's health care had not been managed effectively, specifically in relation to catheter care, drinks that required thickener, and wound care records. Not all audits had effectively picked up concerns which we had found during the inspection specifically in relation to the management of medicines. The provider had resolved the issues raised at the previous inspection which were no longer a concern at this inspection.

A registered manager was in post. A registered manager is a person who has registered with the care Quality Commission to manage the service. 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.

Although the provider had displayed their latest ratings at the premises, they had failed to display their latest CQC inspection report ratings on their website which is a legal requirement. We asked the provider to address this and we will follow this up.

There were safe processes for storing, administering and returning medicines. People received their medicines in a person centred and appropriate way.

Accidents and incidents had been properly recorded and audited for trends to try to prevent further accidents. Risks to people were well monitored and action was taken when concerns were identified. People had individual personal emergency evacuation plans (PEEPs) that staff could follow to ensure people were supported to leave the service in the most appropriate way in the event of a fire.

Appropriate checks were made to keep people safe and safety checks were made regularly on equipment and the environment. There were enough staff to meet people's needs. Employment checks had been made

to ensure staff were of good character and suitable for their roles.

Robust safeguarding and whistleblowing guidance and contact information was available for staff to refer to should they need to raise concerns about people's safety. Staff had good understanding about their responsibilities in relation to this.

The registered manager demonstrated a clear understanding of the process that must be followed if people were deemed to lack capacity to make their own decisions and the Mental Capacity Act (MCA) 2005. They ensured people's rights were protected by meeting the requirements of the Act.

Peoples health needs were well monitored and responded to promptly. External professional healthcare advice was sought and referrals made in a timely way. Staff had the knowledge and skills to complete their roles effectively. Staff had received training in mandatory and other areas.

People were supported to eat and drink and had choice around their meals.

Staff demonstrated caring attitudes towards people and spoke to them in a dignified and respectful way. Staff communicated with people in a person centred and individual way to meet their own specific needs. People were relaxed and happy in their home and at ease around staff. People were treated with dignity and respect and there was good humour and rapport between people and staff.

Care plans were meaningful and contained specific detail so staff could understand people better, care plans were a reflection of what happened in practice.

Complaints were recorded and responded to effectively. There were systems in place outlining timescales of the complaints process and details of what actions the complainant should expect throughout the investigation process.

The registered manager conducted numerous audits and analyses to maintain good oversight of the service and safety of the people using it. There were good communication processes between staff. The registered manager sought the views of people and action was taken in response to any areas identified as in need of improvement.

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.

People received their medicines safely. Risk had been assessed and action taken to reduce the risk of harm people may be exposed to.

Safeguarding processes were in place to help protect people from harm.

Accidents and incidents were recorded and audited to identify patterns.

There were enough staff to support people and meet their individual needs. Recruitment processes were in place to protect people.

Is the service effective?

Good

The service was effective.

The provider was meeting the requirements of The Mental Capacity Act 2005.

Staff felt supported and listened to. They had appropriate training to support people with their individual needs.

Peoples health needs were responded to and supported well.

People were supported to make their own choices around their food and drink. People's dietary preferences were respected.

Is the service caring?

Good

The service was caring.

Staff spoke to people kindly and in a respectful and dignified way.

People were responded to quickly and staff helped people manage their anxieties in a positive way.

Staff respected people's privacy and encouraged them to make their own choices.

Is the service responsive?

Good

The service was responsive.

Activities were available for people to participate in both within the service and outside.

People benefited from care plans which were meaningful, informative and a reflection of how support was offered in practice.

There was a complaints procedure available for people should they be unhappy with any aspect of their care or treatment.

Is the service well-led?

Good

The service was well-led.

The provider had failed to display their latest CQC inspection report rating on their website which is a legal requirement. We asked the provider to address this and we will follow this up.

Audits and reviews were made to check that people received safe and appropriate care and support. Action was taken from audits to improve the lives of the people.

People's feedback was sought and listened. Following feedback changes were made to improve the outcomes people experienced.

The registered manager had good oversight of the service and there was a clearly embedded culture, staff had good attitudes and understood their roles well.

Lindau Residential Home

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 inspection took place on 26 and 27 July 2017 and was unannounced. The inspection was carried out by one inspector on both days. One specialist nurse advisor and one expert by experience attended the inspection on the first day. The specialist nurse advisor had nursed older people and the expert by experience had experience of caring for older people who may have dementia.

Before our inspection, we 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. We reviewed the PIR and other information we held about the service, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at any safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We spoke with six people who lived at Lindau Residential Home. Not everyone was able to verbally share with us their experiences of life in the service. We therefore spent time observing their support.

We spoke with two relatives, two visitors and one volunteer. We inspected the service, including the bathrooms and some people's bedrooms. We spoke with five of the care workers, one nurse, and the registered manager and deputy. Before the inspection we received feedback from one healthcare professional.

We 'pathway tracked' 14 of the people living at the service. This is when we looked at people's care documentation in depth, obtained their views on how they found living at the service where possible and made observations of the support they were given. This allowed us to capture information about a sample

of people receiving care. During the inspection we reviewed other records. These included staff training and supervision records, three staff recruitment records, medicines records, risk assessments, accidents and incident records, quality audits and policies and procedures.

Good

Is the service safe?

Our findings

People spoke positively about the service. Comments included, "If I need anything urgently when I am in my room they come quickly, they are very good". "I am very safe here because there are lots of people about". "I feel safe because I trust them" and "I feel safe because I can ring my bell when I need the toilet and they get me there safely". A relative said "(My relative) is safe because I have seen the two hourly sheet, they check (relatives) security, skin and toilet check".

At our inspection on 2 & 3 June 2016 we found that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Assessments had been made about different risks to people; but actions designed to address and reduce the risks had not always been followed through into practice. This specifically related to people that required special air mattresses to help prevent pressure wounds. The provider had taken action to address the issues raised.

Some people's care plans recorded that they needed special air mattresses to help prevent pressure wounds. These are set to people's weights to provide the best therapeutic effect. There was clear documentation that the mattress settings were checked on a daily basis, along with repositioning charts and people's weights were regularly checked to ensure they corresponded to the settings of their mattresses. Some people were unable to move from their beds to be weighed so their weight were measured using the Mid-arm circumference (MAC) method. This is a method which calculates body weight from the circumference of the upper arm, once converted; this should offer an accurate weight. Two people's converted weight had not been calculated correctly using the formula. We brought this to the registered manager's attention who took immediate action to ensure weights were recorded as accurately as possible and mattresses were at the correct settings, people had not suffered any harm due to the inaccurate readings.

At our last inspection we found that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Medicines had not been administered, recorded, stored or managed in a safe way which posed a risk to the safety of people. The provider had resolved these issues which were no longer a concern at this inspection.

Since our last inspection all medicine had been relocated to another area of the service, this ensured medicines were stored in a secure and safe manner. Medicines that required special storage and extra checks were checked daily by two nurses at each shift and recorded in a book to follow good practice. Medicine administration records (MAR) charts contained photos to help staff ensure the right people received their medicines. A person said, "(Staff member) is the best, my pills are on time and they watch you swallow and write it down". Medicines were audited each week to identify mistakes. There was up to date guidance for staff to follow to support people to receive occasional medicines (PRN). PRN Guidance included dosage, frequency, when the medicine may be required, possible side effects and how much time should be spaced between dosages. If people refused their medicine the GP was informed immediately and any refusals were documented. Medicines were managed safely. We observed a nurse take a person's medicines to them; they described to the person what the tablets were and reassured the person this is

what they took every day. They waited patiently for the person to take their medicine at their own pace.

Accidents and incidents had been properly recorded and audited for trends. When people had fallen, risk assessments were updated promptly to make sure people had the right equipment and support to prevent reoccurrences. The registered manager conducted thorough analysis to identify causes and trends when people fell. Findings from the analysis were discussed at the weekly senior team meeting. Staff were proactive in taking action to reduce incidents and promote people's wellbeing. We observed staff responding quickly to people who were at risk of falling which helped to keep them safe.

Other risks to people were well monitored and action was taken when concerns were identified. For example, it had been noticed in the audit in March 2017 that urinary tract infections (UTIs) had increased since the previous month's audit. The risk of developing a UTI can be reduced by drinking plenty. As a result fluid stations were set up in the lounge areas and staff had been asked to focus their attention on this area. Throughout the inspection people were regularly offered and encouraged to drink fluids. Fluid intake was monitored for people at risk of dehydration and alternatives such a jelly's and ice poles were offered to people reluctant to drink fluids. As a result the number of UTIs had decreased according to the next audit's finding.

People had individual personal emergency evacuation plans (PEEPs) that staff could follow to ensure people were supported to leave the service in the most appropriate way in the event of a fire. Regular fire drills were conducted to practice the effectiveness of emergency procedures. Appropriate checks were made to keep people safe and safety checks were made regularly on equipment and the environment. This included fire equipment, electrical installation, gas safety, wheelchair checks, checks on hoists and the passenger lift and water temperature checks.

There were enough staff to meet people's needs. A registered nurse was on duty for every shift with four care staff during the day and two overnight. People were responded to promptly and we observed call bells being responded to quickly. Staff had time to engage with people in a meaningful and unhurried way. The registered manager and deputy manager were hands on and a visible presence within the service. The deputy manager now shared the office with the other staff which was located by the communal lounge. They said, "I think it's made a real difference me being in this office, we are very hands on. I can see what's going on here which is better and can improve practice, it's so much better".

Employment checks had been made to ensure staff were of good character and suitable for their roles. References were obtained and Disclosure and Barring Services (DBS) checks made. These checks identified if prospective staff had a criminal record or were barred from working with vulnerable adults. Other checks made prior to new staff beginning work included health and appropriate identification checks. One staff member's employment history had not been fully explored for gaps; this was brought to the attention of the deputy manager who rectified this immediately.

Robust safeguarding and whistleblowing guidance and contact information was available for staff to refer to should they need to raise concerns about people's safety. Staff understood their responsibilities in relation to raising any concerns of abuse and understood the process they should follow. A staff member said, "I could call the number on the safeguarding policy. I get enough support-plenty. Any problems or concerns management deal with it".

Good

Is the service effective?

Our findings

A relative said, "I know (relative) is safe, happy and secure. We could not have managed at home. There is a Hospice Nurse in the background and the GP is excellent and is fully aware and manages (relatives) pain. When (relative) first came here (relative) was a wreck, now (relative) is amazing and everyone loves (relative)". A person said "I get on with everyone. I can dress myself but they help me shower if I am not well".

At our last inspection we found that the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's health care needs had not been managed effectively, specifically in relation to catheter care, drinks that required thickener, and wound care records. The provider had resolved these issues which were no longer a concern at this inspection.

People who had catheters in place had risk assessments about their use in their care plans. (A catheter is a flexible hollow tube inserted through the urethra into the bladder and allows urine to drain out). Catheter care plans were in a person centred format. Catheter passport books were completed to log catheter changes, planned changes, information about problems with insertion and change frequencies. Daily checks of urine amount passed, and signs of infection were well documented. Catheters had been changed regularly by nurses and catheter bags were replaced and dated in line with best practice. Two staff had attended a catheter care study day the day before the inspection. They were tasked with cascading the information they had learnt to other staff. Staff had been proactive to recognise when people's health may be deteriorating. For example, one person's records on the 21 July 2017 had been recorded as 'clear with no sign of infection'. However staff had observed the person was unsteady on their feet and felt they were displaying signs of an UTI so had commenced a course of antibiotics and the person was much improved. Other people were regularly checked for UTIs and action was taken to support people with this health need.

At the time of the inspection nobody had been formally assessed as needing to have thickeners added to their drinks although several referrals to the speech and language therapists (SALT) and the dietician had been made. People were monitored for any changes in the way they drank or ate and referrals were made promptly and risk assessments updated to reduce the risk of choking.

Treatment of skin wounds were managed well and clearly documented. Advice had been sought from the tissue viability nurse (TVN) when concerns were identified. One person had been assessed as having a skin complaint which was very uncomfortable. The TVN had been contacted and advice had been given which was being followed. A planned course of action for wound care management was well recorded and delivered. Appropriate dressings and treatment were given to people to make them more comfortable and wound care forms were clear to read and detailed demonstrating good practice.

Other health needs such as diabetes were managed well. Care plans contained information to guide staff when supporting people to manage their diabetes and blood sugar was monitored regularly which ensured it remained within the desired ranges. Staff were knowledgeable about the action they should take to support people with their diabetes and had received training in diabetes care. People received regular foot

checks with the chiropodist. The registered manager said although there was available information for staff about the importance of people looking after their feet particularly when they were diabetic, they were going to add more information about this to the specific care plans. The registered manager said they planned to implement a diabetic lead to maintain good oversight of this area of people's health.

At the previous inspection we had made a recommendation that consideration be given to the introduction of clear signage and ways for people to identify their bedrooms as some people were living with dementia or a level of memory loss. At this inspection memory boards next to bedroom doors had been introduced for some people who chose this. Memory boards contained objects or photographs which were familiar and of importance to the person to help them identify their room more easily.

Our observations found that staff were both competent and confident in delivering care. A person said, "I think they are well trained, in fact I know that sometimes they go round in twos learning from each other". Staff confirmed that they had supervision and the management were always available for support. Through supervision it could be identified if further performance management was necessary to help staff in particular areas they may struggle with. Supervision also gave staff the opportunity to identify any areas they wished to develop further or support they may wish to receive. A staff member said, "I've got brilliant support from the managers. I get supervisions and training they are very supportive. If I don't understand, I ask". The deputy manager said supervisions was an area they planned to improve further. Although they had day to day contact with all staff formal supervisions had not always been conducted as often as they would like. This is an area for improvement.

Staff had the knowledge and skills to complete their roles effectively. Staff had received training in mandatory and other areas including, fire safety, health and safety, prevention of infection, end of life care, safeguarding adults, equality, diversity and human rights and dementia care. Training consisted of a mixture of eLearning and face to face training. Although staff have received training in first aid some commented further training particularly in regards to responding to people choking would be beneficial. Nobody was at risk of choking at the time of inspection although some of the responses we received from staff about the action they could take in situation could be improved further. New staff were inducted and completed The Care Certificate. The Care Certificate was introduced in April 2015 and are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. The deputy manager monitored progress throughout the induction and probationary period and fedback their findings to the registered manager. At the end of the probationary period new staff were either signed off as competent or their probationary period was extended further.

We checked to see whether people's rights had been protected by assessments under the Mental Capacity Act 2005 (MCA). The Mental Capacity Act is to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. The registered manager was knowledgeable about the MCA and capacity assessments had been carried out appropriately if there was a question about people's ability to make a specific decision.

Staff sought verbal consent from people when delivering support. 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).The registered manager had made applications for five DoLS and received authorisation for three from the relevant authority. The registered manager said capacity was reviewed for each person at their allocated 'resident of the day' or sooner if necessary.

We observed lunch time which was relaxed and unrushed. Some people sat together at various dining tables

which had been covered with colourful table cloths and appropriate cutlery was available. Other people had their meals in their rooms. The registered manager said they had tried swapping the time of the main meal to be later which had proven to be more successful as people appeared to have larger appetites. The main meal had previously been served at lunch time and some people were not as hungry having recently had their breakfast. Meals were presented in an appetising way and people were offered various choices. One person's cognitive ability had declined and they no longer had capacity to make all of their own choices. When they had been admitted to the service their care plan stated they were vegetarian, although the person was no longer able to express this, their former wish was respected and they were always given vegetarian options. One person was on a special low fat, low calorie diet. Their meal was presented in the same way as other people's meals so they did not feel excluded or singled out from other people. Fruit bowls were available on tables which people could help themselves to. People with diabetes were offered alternative choices to suit their diets.

Good

Is the service caring?

Our findings

People and visitors fedback positively about the service. A person said, "They are all jolly good, the night staff as well". Another person said, "No-one makes me do anything I don't want to do. I sleep well and go to bed and get up when I want to". Another person commented, "The youngsters are very nice and friendly". A visitor said "The Carers are all kind and never make anyone do anything they don't want to do. They are never impatient or unkind even when a resident may be difficult."

Thank you cards had been received by the management and staff. Comments included, 'We would like to express our thanks for looking after (relative). Since being in your care (relative) has put on some weight and seems much more looked after, we are grateful for all you are doing' and 'My most sincere thanks for the way you looked after mum until she finally got the peace she wanted. I think you home is one of the finest there is, run on love and compassion, a credit to you all'.

People were treated with dignity and respect and there was good humour and rapport between people and staff. People were asked for permission before staff entered their rooms and doors were closed when personal care or support was delivered. A person said, "They are always ready to help" another person commented, "They always knock on the door and ask for permission to come in". Throughout the inspection staff spent time talking and engaging people with conversation. Staff were kind, patient and attentive in their approach.

The deputy manager told us they tried to encourage people to maintain their independence. For example, people were encouraged to complete as much of their personal care as possible. They encouraged people to stay mobile for as long as possible. "We promote peoples mobility, it's so important as once mobility has gone independence is lost". They explained how they encouraged one person to paint their own nails and asked other people to go out for walks. One person was being helped to mobilise back into their arm charm. The staff member supporting them said, "Keep going, keep going, that's it, you're alright darling, just straighten yourself up a little bit". Another person was being hoisted by two staff, throughout the process staff spoke to the person and reassured them by stroking the back of their arm. The person appeared a little distressed at one point but was quickly reassured and was happily re-seated. Staff demonstrated a safe working manner and kindness throughout.

One person repeatedly called out for help, staff gave this person lots of attention and reassurance and responded kindly to help the person to become less anxious. Staff maintained good eye contact and body language when talking to people and gave them the time to express their wishes and views. A person commented, "Everyone makes you feel safe because they never shout or get impatient". One person was unsteady on their feet; staff kept an eye on the person discretely and quickly offered support. A nurse approached the person and said, "Hello (person), are you okay? I don't want you to fall over, are you going to take a seat?"

There were homely touches such as bunting, flowers and ornaments around the service to promote a homely feel. There were boxes on the tables in the dining area with various nostalgic photographs of

historical objects or places which people could look at.

People were supported well when they came to the end of their life. Sensitively written records had been made about people's wishes. Care files clearly noted if people had a Do Not Attempt Resuscitation order in place and this was also recorded in staff handovers. This helped to ensure that people's end of life choices were respected. The deputy manager said, "We try to attend as many funerals as possible. Families don't always want further support; we do send them Christmas cards". An indoor fairy garden of remembrance was located in the quiet lounge. Figurines of fairies were used to represent people when they passed away; an indoor tree with pictures of people hanging from the branches was above the indoor garden. The deputy manager said this sometimes helped the family who sometimes visited and served as a tribute to people who had passed on.

Good

Is the service responsive?

Our findings

A relative said "They are very good; they talk over everything with me". One person said, "I was taken to the sea in my wheelchair a while ago", another person said "I don't want to go to activities".

At our last inspection we had made a recommendation that the provider considered employing an activities coordinator to ensure that people were consistently offered opportunities to take part in activities they enjoyed.

Although the service had not successfully employed an activities coordinator the registered manager had been more proactive in trying to establish more opportunities for people to participate in activities. The deputy manager said "Activities have improved; there is more one to one activities although not everyone likes to participate in activities and some people often decline". Throughout July 2017 people had taken part in various activities such as, arts and craft, singing, board games, walks to the beach and seafront, walks to new Romney high street, music for health, and picnics. People could participate in gardening, a green house and vegetable patch was located in the garden which people could tend to. An activities plan was available for people to look at should they wish.

Posters and event information was distributed and made readily available to people to view so they could make choices about the activities they wished to participate in. In April 2017 a poster had advertised that the service was going to have a fish and chip day. People that wished to join in could choose to have fish and chips brought form the local fish shop, other people were offered the usual menu if they declined. In April 2017 some people had made Easter bonnets and decorations for the Easter holiday.

During the inspection a volunteer came to the service and offered people an arts and crafts session in the activity room, one person took them up on this offer. The person said, "I love Colouring, painting, mosaics and making things. (Volunteer) is lovely and we do all sorts of things together". During the inspection this person frequently went into the activities room to do arts and crafts. One person was waiting for a visit from a local charity during the inspection to discuss the possibility of having one to one hours to further increase the activities they did.

Music for health sessions were arranged monthly which people could participate in and visitors from the church came to the service to offer people opportunities to participate in holy communion. A shop had been set up in the quiet lounge where people were able to buy snacks and other small objects. Throughout the inspection the shop was opened and some people went of their own accord to choose and purchase items such as crisps, biscuits and sweets. Daily newspapers were available for people to read.

Care plans were individual and personalised to reflect people's needs. Information covered various aspects of the person's life including, pain management, risk assessments, my care plan summary, consent agreements, what the person liked and disliked, capacity assessments and best interest decisions. Care plans gave staff specific information to understand each person's personal preferences and behaviours. There was detailed information about how people communicated in their own particular way. It was

recognised that people may be able to make choices and consent to certain decisions but may find other decisions more difficult. The provider applied an approach to managing people's capacity which encouraged as much ownership and empowerment as possible. Care plans detailed the support people needed to make choices and decisions.

Before people were admitted into the service the registered manager or clinical lead gathered pre-admission information to inform the care package and assess if the service were able to meet the persons individual needs. Pre-admission information covered people's basic health needs as well as information which was important for their wellbeing. For example, one person's assessment said they liked horse racing and a daily newspaper, staff ensured the person received their paper each day.

Complaints were recorded and responded to effectively. When complaints were received a response was given to the complainant to inform them how their complaint would be handled. The registered manager investigated complaints and recorded their findings. The registered manager used complaints to learn from mistakes and created action plans so complainants could be satisfied their concerns had been listed to and acted on. Comments from people regarding complaints included, "I would tell my daughter", "I would tell the managers", "I would tell the boss", and "There is no need to complain". Three formal complaints had been recorded in 2017 a careful and thorough record had been made of the actions taken to address the complaints. A 'minor complaint book' was also available to record any little niggles which were not necessarily formal complaints. This encouraged any grievances to be acted on before they developed into more significant concerns.

Good

Is the service well-led?

Our findings

A person said, "I can talk to them anytime if anything upsets me I would tell the managers". A visitor said, "This is a lovely place". Another person said, "I feel at ease here. I have never felt the need to fill in a questionnaire or have a residents' meeting I just talk to them".

At our last inspection we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not all audits had effectively picked up concerns which we had found during the inspection specifically in relation to the management of medicines. The provider had resolved these issues which were no longer a concern at this inspection.

Although the provider had displayed their latest rating at the premises as required, they had failed to display their latest CQC inspection report rating on their website which is a legal requirement. We asked the provider to address this and we will follow this up.

The registered manager conducted numerous audits and analyses to maintain good oversight of the service and safety of the people using it. Specific audits of the kitchen, health and safety, maintenance and premises, falls, care plans, capacity assessment, accidents and incidents, UTIs, weights, antibiotic and interim medication use, air mattresses, infection control, healthcare referrals and medicines were regularly conducted. Action plans were implemented if any areas of concern or improvement were identified. Action plans were followed up and scrutinised to understand if they had been successful or further input was needed to improve outcomes for people. For example, in April 2017 it had been identified that the dining room was in need of decoration, an activities room needed to be established and a fairy garden of remembrance should be made. All of these actions had been marked off as completed on the action plan to demonstrate improvement and progression of the service.

There were good communication processes between staff. Daily handovers for each person were conducted which ensured staff were aware of people's needs or if any needs had changed. Meetings were regularly conducted with staff to share important information and discuss areas of good practice and what could improve. When areas of improvement were highlighted and agreed a date of completion was set and a review of the action identified was undertaken once the agreed date of completion had expired.

There was good awareness and understanding about each person's individual needs. To ensure people received safe and appropriate care and support staff were allocated a list of people they were responsible for each shift. Staff completed hourly rounding checks for people who stayed in their bedrooms to ensure they had received enough fluid, food, were appropriately repositioned, had been assisted to use the toilet, their mattress were set correctly and the person was safe with their call bell to hand where appropriate. Daily records of each person were documented which covered any behaviour or communication observations, mobility, hydration and nutrition, continence and skin care, sleep patterns, personal care, activities, changes to health needs, and any additional comments or observations made. Managers conducted a weekly handover to update information and review any changes that had occurred or areas of potential concern.

Staff fedback positively about the management and support they received and demonstrated a clear understanding of their roles and responsibilities. One staff member said, "It's still a nice home, its better now the deputy is in the office here they will keep an eye out if people need help". Another staff member said, "I enjoy this job, it's so rewarding I treat people how I would want my mum to be treated". The provider understood their responsibilities around notifying the Commission about specific incidents.

The registered manager sought the views of people. In June 2017 questionnaires had been distributed to all people and 21 people had chosen to participate. Results had been analysed to establish areas that required improvement to benefit the people who used the service. People were asked for their views about the food offered, the support they received, the decor and the cleanliness of the service. On the whole comments and feedback were positive. Any negative comments were responded to and an action plan was being worked towards following this analysis.