

Runwood Homes Limited

Gattison House

Inspection report

Gattison Lane
Rossington
Doncaster
South Yorkshire
DN11 0NQ

Tel: 01302864993

Date of inspection visit:
07 June 2016

Date of publication:
30 June 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 7 June 2016 and was unannounced, which meant the provider did not know we were coming. This was the first inspection of the service following the Care Quality Commission registration in September 2015. The service was previously registered under another provider.

The service had a registered manager who has been registered, however she has been absent from work for a period of three months. The deputy manager had been acting manager for this period of time. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Gattison House is a care home situated in Rossington, Doncaster which is registered to accommodate up to 36 people. The service is provided by Runwood Homes Limited. At the time of the inspection the home was providing residential care for 16 people, some of whom had been diagnosed with a dementia illness. The service has several communal and dining areas and easily accessible secure gardens. The home is close to local amenities of shops and healthcare facilities.

CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The members of the management team and care staff we spoke with had a full and up to date understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. We found that appropriate DoLS applications had been made, and staff were acting in accordance with DoLS authorisations.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made. For example we saw evidence that the home regularly made contact with district nurses, community nurses for mental health issues, and people's own doctors. Other health professionals such as dietitians, dentists, occupational therapists and opticians were also requested as needed.

There were enough skilled and experienced staff and there was a programme of training, supervision and appraisal to support staff to meet people's needs. Procedures in relation to the recruitment and retention of staff were robust and ensured only suitable people were employed in the service.

Staff were aware of people's nutritional needs and made sure they supported people to have a healthy diet, with choices of a good variety of food and drink. People we spoke with told us they enjoyed the meals and there was always something on the menu they liked. Snacks of fruit and biscuits and drinks were also available for people to help themselves

People were able to access some activities. The service currently did not have a member of staff dedicated to activities. It was the expectation of the provider that staff took on this role when time permitted. We observed activities during the morning of the inspection. A café area had been introduced and we saw this area was well used by people who used the service and their visitors.

There was a strong and visible person centred culture in the service. (Person centred means that care is tailored to meet the needs and aspirations of each individual.) We found the service had a friendly relaxed atmosphere which felt homely. Staff approached people in a kind and caring way which encouraged people to express how and when they needed support. Everyone we spoke with told us that they felt that the staff knew them and their likes and dislikes.

People were protected against the risks associated with the unsafe use and management of medicines. Appropriate arrangements were in place for the recording, safe keeping and safe administration of medicines.

Staff told us they felt supported and they could raise any concerns with the acting manager and felt that they were listened to. People told us they were aware of the complaints procedure and said staff would assist them if they needed to use it.

There were systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the acting manager. The reports included any actions required and these were checked each month to determine progress. The regional care director shared an action plan with us that the registered manager was working towards. The action plan related to objectives set by Runwood Homes Limited.

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 and respond to abuse correctly. They had a clear understanding of the homes procedures in place to safeguard people from abuse.

People's health was monitored and reviewed as required. This included appropriate referrals to health professionals. Individual risks had also been assessed and identified as part of the support and care planning process.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support.

Medicines were stored and administered safely. We saw staff administering medication to people safely.

Is the service effective?

Good ●

The service was effective.

Each member of staff had a programme of training and was trained to care and support people who used the service safely and to a good standard.

The staff we spoke with during our inspection understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. We also found the service to be meeting the requirements of the Deprivation of Liberty Safeguards.

People's nutritional needs were met. The food we saw, provided variety and choice and ensured a well-balanced diet for people living in the home. We observed people being given choices of what to eat and what time to eat.

Is the service caring?

Good ●

The service was caring.

Staff had an excellent approach to their work. People and their relatives were complimentary about the care provided. People told us that staff were very caring and respected their privacy and dignity.

Staff were motivated and passionate about the care they provided. They spoke with pride about the service and the focus on promoting people's wellbeing.

People were supported to maintain important relationships. Relatives told us there were no restrictions in place when visiting the service and they were always made to feel welcome.

Is the service responsive?

Good ●

The service was responsive.

People had their care and support needs kept under review. Staff responded quickly when people's needs changed, which ensured their individual needs were met.

People had access to some activities which included trips outside of the home and involvement from local schools and church's.

People's concerns and complaints were investigated, responded to promptly and used to improve the quality of the service.

Is the service well-led?

Good ●

The service was well led.

The acting manager had developed a strong and visible person centred culture in the service. There was a strong emphasis on promoting and sustaining the improvements already made at the service. Staff told us that the management team were knowledgeable which gave them confidence in the staff team and led by example.

The acting manager listened to suggestions made by people who used the service and their relatives. The systems that were in place for monitoring quality were effective. Where improvements were needed, we saw these had been identified and were being addressed and followed up to ensure continuous improvement.

Staff meetings were held to ensure good communication and sharing of information. The meetings also gave staff opportunity to raise any issues. People who used the service also had opportunity to attend meetings to ensure their views were

listened to. The provider also asked people, their relatives and other professionals what they thought of the service.

Gattison House

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 7 June 2016 and was unannounced. The inspection was undertaken by an adult social care inspector and an expert by experience with expertise in the care of older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority commissioners, contracts officers and safeguarding. They told us they were not aware of any issues or concerns regarding the service.

Before our inspection we reviewed all the information we held about the service. The provider had completed a provider information return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make

We spent time observing care throughout the service. 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.

As part of this inspection we spent some time with people who used the service talking with them and observing support, this helped us understand the experience of people who used the service. We looked at documents and records that related to people's care, including four people's support plans. We spoke with six people who used the service and six relatives.

During our inspection we spoke with four care workers including care team managers who had additional responsibility to administer medication. We also spoke with a general assistant, the cook, the deputy

manager and the regional care director. We also looked at records relating to staff, medicines management and the management of the service.

Is the service safe?

Our findings

Staff told us that they felt people living at the service were kept safe at all times. People confirmed to us that staff looked after them well, that their safety was maintained and they had no concerns. One person said, "I trust them - and yes I feel safe." Another person said, "I can share any concerns I have with staff or the manager." Other peoples comments included, "My family don't have to worry about me now." Relatives we spoke with about safety said, "My mind is a rest now mum is here." "The staff have helped my [family member] to feel safe and more confident - they look happier."

We found that people were protected from the risk of abuse. This was because the provider followed safeguarding procedures to protect people from abuse. One relative we spoke with said, "I would see [acting manager] if I was worried about anything - in fact, I have done, and it was remedied immediately."

Staff were able to demonstrate a good understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. Staff confirmed they would report any concerns to external agencies such as the Local Authority, the Care Quality Commission or Police if required. One staff member we spoke with said, "We work closely as a team and watch out for any signs of abuse or neglect."

Staff were confident that the acting manager and the care team managers would act appropriately on people's behalf. The acting manager was able to demonstrate their knowledge and understanding of local safeguarding procedures and the actions to be taken to safeguard people living at the service. It was clear from speaking to staff that they knew the people they supported.

Risk screening tools had been completed for each person and these covered distinct topics, such as, health and physical wellbeing and medicines management. Where risks were identified to people's health and wellbeing, for example, the risk of poor nutrition, poor mobility and the risk of developing pressure ulcers; staff were aware of people's individual risks.

Assessments were in place to guide staff on the measures to reduce and monitor those risks during delivery of people's care. Staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe. The acting manager showed us a record used to analyse accident and incidents. This was used to identify any trends. The acting manager was required to submit the detailed analysis to the provider each month. The provider reviewed the data to ensure all possible means had been considered to further reduce the risk from reoccurring.

We saw people had a personal evacuation plan in place which would be used in the event of any emergency. We saw systems were in place for events such as a fire and regular checks were undertaken to ensure staff and people who used the service understood those arrangements.

Risks in relation to the building were well managed and the acting manager told us that a maintenance person was available to deal with minor repairs. We saw hoists and equipment used to keep people safe were regularly maintained so they were safe to use.

The acting manager told us that no new staff had commenced at the service since the new provider had taken over the service. Most staff had worked for the previous provider for many years. We found the recruitment of staff was robust and thorough. We looked at six staff files which contained information about the applicant. There was clear evidence how staff had transferred from the previous provider.

The acting manager told us that staff were not allowed to commence employment until a Disclosure and Barring Service (DBS) check had been received. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps to ensure only suitable people were employed by this service. The registered manager was fully aware of their accountability if a member of staff was not performing appropriately.

We looked at the number of staff that were on duty and checked the staff rosters to confirm the number were correct. The acting manager told us they used a dependency tool to assist with the calculation of staff needed to deliver care safely to people. The acting manager told us that the organisation calculated staffing ratios based on the occupancy and dependency of people who used the service. We were informed that some staff who usually worked nights were helping out on days due to levels of sickness. We spoke with two care team managers who told us that they enjoyed working days as they saw people differently from working nights. They said most people were asleep so they often did not see their personalities and different things about their character. They told us they were able to deliver a good service to people who used the service.

We found that the arrangements for the management of medicines were safe. People received their medication as they should and at the times they needed them. Medicines were stored safely for the protection of people who used the service. There were arrangements in place to record when medicines were received into the service and given to people. We looked at the records for four people who used the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed. Specific information relating to how the person preferred to take their medication was recorded and our observations showed that this was followed by staff.

Controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were managed safely in line with current legislation.

Staff involved in the administration of medication had received appropriate training, and had their competency reviewed. Regular audits had been completed and where these highlighted areas for corrective action, a record was maintained of the actions taken. The medication administration record (MAR) sheets used by the home included information about any allergies the person may have had. This helped to make sure that staff trained to administer medicines, were able to do so safely.

We saw the care team manager followed good practice guidance and recorded medicines correctly after they had been given. Some people were prescribed PRN medicines to be taken only 'when required', for example painkillers and medication used for low moods. The care team manager we spoke with knew how to tell when people needed these medicines and gave them correctly. Protocols had been developed to guide staff on when people should receive 'when required' medication.

We saw staff followed good hand hygiene procedures and protective equipment such as aprons and gloves were available throughout the building. We spoke with one of the general assistants who told us they had worked at the home for a number of years and took pride in knowing they helped maintain good standards of cleanliness. We looked around the home and found the home was clean and smelt fresh. Relatives we spoke with confirmed they found the home to have good standards of protecting people from the risk of

infection.

Is the service effective?

Our findings

People were supported to have their assessed needs, preferences and choices met by staff that had the right skills and competencies. People who used the service and relatives we spoke with told us they thought the care staff were competent and well trained to meet their or their family member's individual needs. From our observations and from speaking with staff it was clear that staff knew people very well. Most staff had worked at the home for a number of years, some had worked for over 20 years at Gattison House

People's healthcare needs were carefully monitored and detailed care planning ensured care could be delivered effectively. Information on health professionals and health procedures were detailed to enable staff to make the necessary referrals to dietitians, chiropodist, speech and language therapists and their own doctors. People and relatives we spoke with said they were confident their health needs were taken care of effectively. One relative said, "My [family member] used to fall all the time at home. They have not fallen once since they have been here." Another relative said, "They always let me know if my [family member] is seeing or has seen the doctor." Another said, "They always get to see the community nurse regularly. I know they are well looked after."

The service had suitable arrangements in place that ensured people received good nutrition and hydration. We looked at four people's care plans and found that they contained detailed information on their dietary needs and the level of support they needed to ensure that they received a balanced diet. Where people were identified as at risk of malnutrition, referrals had been made to the dietitian for specialist advice.

We joined a group of people eating their meals in the dining room. We carried out a SOFI during lunch. Staff were very encouraging when it came to making a choice in food. They were very clear when reminding people what food was available that day. The home try to make the meal times a 'protected' experience by limiting the interaction with visitors to the home. There was music playing in the background that prevented people hearing what was being said to the and in fact, distracted them. The staff tried hard to engage with people that had communication difficulties. They were patient and attentive, trying at times to distract people from others behaviours. Staff encouraged people to drink plenty as it was a very hot and sunny day. Some people enjoyed a hand held ice cream in a cornet. Everyone spoken with were complimentary about the food and the catering team. Comments from people who used the service included, "I only enjoy small meals - but I really enjoy what I get," and "They do lovely fresh salads." One person said, "I don't eat much - but I never lose weight." Relatives we spoke with said, "My [family member] always gets fresh fruit if he does not want the pudding. They make better meals for him than I could. They supply good quality home cooked food." Another relative said, "The staff go to a lot of trouble to make sure my [family member] eats well."

People that needed support to eat their meals were provided with care that was supportive of their needs and was carried out in a professional and sensitive manner. Meal times were unrushed and all of the people involved appeared to enjoy their meals. We noted that all staff including the acting manager and general assistants gave support to people during the meal which helped people to eat their meal at their own pace.

The cook told us they received training specific to their role including food safety, healthy eating and food

processing. They had a good knowledge of specialist diets. The cook had knowledge about the latest guidance from the Food Standards Agency. This was in relation to the 14 allergens. The Food Information Regulations, which came into force in December 2014, introduced a requirement that food businesses must provide information about the allergenic ingredients used in any food they provide. The cook told us they had been awarded a 'five star' rating by the local council who were responsible for monitoring the food and cleaning standards. This represents the highest standard that can be achieved.

We looked at the care records belonging to four people who used the service. We found three showed clear evidence that people were consulted about how they wanted to receive their care. However one person's care plan who was receiving respite care did not have a care plan to direct staff about their needs. We spoke with the acting manager about this and she told us it was an oversight and would address the issue immediately. We checked later and saw the care plan was in place.

Consent was gained for things related to their care. Relatives and people who we spoke with told us, "The staff asked us to help to complete information about [my relatives] likes and dislikes and also about people that were important to them." We saw evidence of this when we looked at the care records. 'My day' record was completed with information about their life history and things they liked to be involved in. This record is often used for people living with dementia.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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. Staff were aware of the Mental Capacity Act and the Deprivation of Liberty Safeguards. This legislation is used to protect people who might not be able to make informed decisions on their own. At the time of the inspection the acting manager told us they had made seven applications to the local council's supervisory body, but none had been authorised at the time of the inspection. We looked at a sample of the DoLS applications which gave information about the reasons for the application so that they could support people's needs in the least restrictive way.

Records we looked at confirmed staff were trained to a good standard. Managers and support staff had obtained nationally recognised care certificates. The acting manager told us all staff would complete a comprehensive induction which included, care principles, service specific training such as, equality and diversity, expectations of the service and how to deal with accidents and emergencies. Staff were expected to work alongside more experienced staff until they were deemed to be competent.

The acting manager was aware that all new staff employed would be registered to complete the 'Care Certificate' which replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

We found that staff received supervision (one to one meetings with the acting manager and care team managers). Staff we spoke with told us they felt supported by the acting manager, the care team manager

and also their peers. The acting manager told us that all staff had received their annual appraisal of their performance. Annual appraisals provide a framework to monitor performance, practice and to identify any areas for development and training to support staff to fulfil their roles and responsibilities. Staff we spoke with confirmed they received formal and informal supervision, and also attended staff meetings to discuss work practice.

Is the service caring?

Our findings

People were happy with the care and support they received. We observed staff interacting with people who used the service in a kind and compassionate manner, and also in a way which demonstrated to us that they really knew the people they cared for. There were plenty of friendly integrations between staff, visitors and the people that used the service. Without exception, everyone we spoke with was complimentary about the staff and the acting manager. We saw that all visitors were greeted warmly. Privacy and dignity was upheld when staff knocked on doors and waited for a response before entering.

We saw that staff spoke kindly to people, always appeared to have time to talk to people, provided reassurance where necessary and were not patronising or over familiar. Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was written in care plans and discussed at staff handovers which were conducted in private.

We observed good and positive engagement between staff and people throughout the inspection. Staff appeared busy at times, but we did observe staff taking time to sit and talk with people, showing a genuine interest in what they had to say.

We asked people about their views on the service. People and relatives responded positively. One person said, "The staff are champion." A relative we spoke with said, "Communication is great - they always let me know if my [family member] is not well, and that is important to me." Another relative said, "The staff at Gattison House are excellent - I never have to worry about my family member." Another relative said, "I am still able to be involved in my [family member's] care, even helping her bathe. I have done this for years before she came here."

The service displayed posters in the entrance to the home which talked about the core principles of care. In particular they put a great deal of emphasis on privacy and dignity. The service had dignity champions to ensure all staff were working to the same values and behaviours.

We looked at four individuals' care files to see if they gave some background information about the person. We saw a personal history document which had sections about how the person liked their care delivered. It also identified people that were important to them, their life history and likes and dislikes. We spoke with staff about how they delivered care to the people. Two members of staff told us they had worked at the home for over 20 years. It was clear that staff knew the people very well. They also knew relatives that visited very well and we saw that staff spoke to people using their preferred names.

We observed staff using mobility equipment such as a hoist in the lounge areas. The staff spoke to people during the process and managed to assist them in a very discreet manner. Other people carried on with what they were doing and did not appear to have their attention drawn to the process.

People had chosen what they wanted to bring into the home to furnish their bedrooms. They had brought

their ornaments and photographs of family and friends or other pictures for their walls. This personalised their space and supported people to orientate themselves.

Is the service responsive?

Our findings

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The people we spoke with told us the standard of care they received was good. We looked at copies of four people's assessments and care plans. They gave a clear picture of people's needs. They were person-centred in the way that they were written. For example, they included such information as people's preferences about their likes and dislikes in relation to food and leisure activities, and the times they usually liked to go to bed and to get up.

We found that people's care and treatment was regularly reviewed to ensure it was up to date. We saw on care plans how staff evaluated the progress on the plans. Daily handovers ensured new information was passed at the start of each shift. This meant staff knew how people were presenting each day.

We spoke with people about activities at the home. One person we spoke with said, "I would like to go out - but there are not enough." Staff told us that a planned trip was cancelled at short notice due to staff shortage. We spoke to the acting manager who confirmed this. She told us they were hoping to rearrange the trip at a later date. Another person we spoke with said, "I would love it if there was a small greenhouse - I miss my garden." We asked the acting manager if this would be possible and she agreed to look into it. Relatives we spoke with said about activities, "There seems to be enough activities - but my [family member] would like to go on trips and outings."

We observed some activities taking place during the morning of the inspection. People were involved in a game of skittles. People that were unable to join in spent time chatting to staff. The acting manager told us that staff were expected to fit in activities at some point during their shift. We were told that there was no staff member specifically employed to facilitate activities. She told us this would be considered when the occupancy increased. The acting manager told us that some external entertainers were involved in the home. For example, 'Motivation & Co' [an external activities company], local schools and the church. We were told that the home would take part in the 'Care Home Open Day' on 17 June. There were plans for to celebrate the Queen's birthday on that day.

People could access an enclosed garden which had hanging baskets, flower tubs and garden furniture. The acting manager told us that relatives had been involved in making the garden colourful and welcoming for people who used the service. We saw a member of staff and a person living at the home watering the plants in the afternoon. We were also shown another garden area which was dementia friendly which had a path that weaved through established plants and bushes.

We were shown a small café area named after a person who had passed away. Staff felt this was a fitting tribute to a person who was much loved by staff. We saw it was used by people who lived at the home and visiting relatives.

The acting manager told us there was a comprehensive complaints policy and procedure, this was explained to everyone who received a service. It was written in plain English and we saw these were

displayed on the notice board in the entrance. The acting manager told us that they met regularly with staff and people who used the service to learn from any concerns raised to ensure they delivered a good quality service.

Relatives we spoke with told us that the home is welcoming and that there are no restrictions on visiting. One relative told us, "I visit most days and have my meal with my [family member] staff encourage this and it helps me to stay involved in my [family member's] care."

People we spoke with did not raise any complaints or concerns about the care and support they received. People told us that they would know what to do if they had any complaints or problems. One person said, "I haven't got any problems. I get everything I need."

Is the service well-led?

Our findings

The service has a registered manager, however she has been absent from the role for a period of three months. The deputy manager has been acting-up into the manager's role and assisted with this inspection.

Our observations indicated the acting manager had a good knowledge of the people being supported by the service and was committed to ensuring they received the best care possible. People we spoke with said the management were approachable and open to new ideas. All people spoken with knew how to complain, or would know how they would choose to tell about any concerns. One relative said, "Bringing my in [family member] to Gattison House was one of the hardest decisions I have made. I think it is the best decision I have ever made. My [family member] is a new person." Another relative spoke about her experience when making the decision about her relative's care. She said, "The manager is very nice. The lovely manager [her name] came to our home to assess our needs, and she was here to greet us when we arrived on the day. That made all the difference it made us feel more welcomed."

From our observations and discussion with staff we found that they were fully supportive of the registered manager's and the provider's vision for the service. Staff described working as one big team, and being committed to the person centred approach which had improved the outcomes for people living there. Staff said this was because all of the staff were on the 'working together' when supporting the people who used the service. One staff member said, "I love working here, it's like a big family. We are all willing to pull together for the sake of the residents."

There were systems in place to monitor and review the quality of the service and to drive improvements. People and their relatives were able to leave feedback via the provider's website or by completing a feedback form which was sent out on a regular basis and left in the entrance to the home. Reviews or reassessments also incorporated obtaining feedback on whether the service provided was meeting people's needs and expectations. We were told that where feedback identified areas for improvement an action plan was drafted. We saw emails that had been returned from relatives who had given time to enhance the garden. They said they had been please to help make the garden prettier for people to spend their time. We also saw numerous thanks you cards from relatives that praised staff for their kindness showed to their loved ones. Care team managers undertook regular observations of care workers to ensure they were delivering appropriate care, wearing the correct uniform and following best practice.

We looked at a number of documents which confirmed the provider managed risks to people who used the service. For example we looked at accidents and incidents which were analysed by the acting manager. She had responsibility for ensuring action was taken to reduce the risk of accidents/incidents re-occurring.

The regional care manager supports the acting manager in developing action plans for the future of the service. He told us that the service was making progress and was pleased with the staff's response to change. We saw examples of monthly quality visits completed by him which were reviewed at each visit.

We saw the entrance hall contained information about the provider which included their vision and values.

This included emphasis on dignity and respect and also improving the dining experience of people who used the service.