

Sholden Hall Residential Home

Sholden Hall Residential Retreat

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

The inspection visit was carried out on 7 September 2017 and was unannounced.

Sholden Hall provides care for up to 27 older people some of whom are living with dementia. At the time of the inspection there were 24 people living at the service. Sholden Hall offers residential accommodation over two floors, has two communal areas and is located in the village of Sholden. There is a small conservatory on the ground floor for people to use; there is a secure garden at the rear of the premises.

There was a registered manager working at the service. 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.

We carried out an unannounced comprehensive inspection of this service on 2 and 3 February 2017 and Sholden Hall was rated 'Requires Improvement' and 'Inadequate' in the 'Safe' domain. There were breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations. We issued warning notices relating to safe care and treatment and the need for consent. We issued requirement notices relating to staffing and good governance. We asked the provider to take action and the provider sent us an action plan. The provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. The provider had met the previous breaches of regulations.

At the last inspection, the registered persons had not acted in accordance with the Mental Capacity Act (MCA) 2005, had failed to deploy sufficient numbers of suitably qualified staff to meet people's needs, had failed to assess, monitor and improve the quality of the service provided and monitor the risks relating to the health, safety and welfare of people using the service. The registered persons had not provided staff with sufficient guidance and checks to make sure risks were mitigated. Records were not accurate or fully completed.

Risks related to people's health, care and support had not always been assessed or mitigated. At this inspection, improvements had been made. There were risk assessments in place for people who needed support to mobilise, staff were given guidance on the equipment to use but not how to position the slings, to support the person safely. This was an area for improvement. Staff were observed using equipment to move people safely.

There were detailed risk assessments to give staff guidance to reduce and mitigate risks people had behaviour that may challenge and health conditions. All accidents had now been analysed and an action plan had been put in place to help reduce future accidents. The registered manager had increased the number of night staff on duty and the number of falls had reduced following this action.

At the last inspection, there had not been sufficient staff deployed to meet people's needs. At this inspection, there were sufficient numbers of staff to meet people's needs. Staff met with the registered or deputy manager to discuss their practice and development. Staff had been recruited safely and received training appropriate for their role, this included training for specific health care needs so that they were able to support people when they became unwell.

At the last inspection, regular audits of some of the service had been completed but these had not been effective in identifying the shortfalls found at the inspection. There were now regular audits of all areas of the service. The registered manager and provider had produced action plans when shortfalls were identified and checked to ensure the action had been completed.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people using services by ensuring that if they were any restrictions to their freedom and liberty, these had been agreed by the local authority as being required to protect the person from harm. At the last inspection, the registered manager had not applied for DoLS authorisations for people who were under constant supervision. At this inspection, each person had been assessed and where appropriate DoLS applications had been submitted in line with guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular on behalf of people who may lack 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 least restrictive as possible. Staff sought people's consent before giving care and support. Any decisions made in a person's best interest were recorded in people's care plans. However, there had not been consistent recording of people's capacity, especially if their capacity fluctuated.

The registered manager and staff knew people well and supported them in their preferred way, giving them choices about what they would like to eat and drink or how they would like to spend their time. Each person had a care plan. These were detailed with people's preferences and choices.

People received their medicines safely and when they needed them. Some medicines had been prescribed on an 'as and when' basis such as laxatives. There was no guidance for staff about when these medicines should be given. This was an area for improvement.

At the last inspection, records were not always stored securely or were not accurate and up to date. At this inspection, records were stored securely in the registered manager's office; people's records were accurate and up to date.

Staff knew how to recognise and protect people from abuse. Staff knew about the whistle blowing policy and were confident that any concerns raised with the registered manager would be dealt with appropriately. Staff understood they could take concerns to outside agencies if they felt they were not being dealt with appropriately.

When people were unwell staff contacted their doctor and specialist healthcare professionals and followed their guidance. Care plans had been reviewed regularly and had been up dated to reflect people's changing needs. The registered manager or the provider met with people before they moved into the service to ensure they were able to meet the person's needs.

People told us they enjoyed their meals, people were offered a choice of drinks and snacks throughout the

day.

People had access to organised activities during the week; people had one to one time with staff and enjoyed chatting with them. People enjoyed reminiscence and hand massages.

People and relatives told us they knew how to complain and felt that the registered manager would take the complaint seriously. There had been no complaints since the last inspection. There was a quality assurance system in place, the registered manager had asked for the views of people, relatives, staff and professionals. The results had been analysed and action had been taken to make improvements to the service.

There was a warm relationship between people, relatives and staff. People were relaxed in the company of staff and were laughing and smiling when chatting with staff. People and relatives told us that staff treated them with dignity and respected their privacy. People were encouraged to remain as independent as possible.

The registered manager had an open door policy. People, relatives and staff were encouraged to express their views. The registered manager and the provider were known by people and relatives and were knowledgeable about people's needs. People and relatives told us that the registered manager and deputy manager were approachable. Staff told us they worked well as a team and felt supported by the management team.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. This is so we could check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way. Notifiable events that had occurred at the service had been reported.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating is given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The rating was displayed at the service and on the provider's website.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Risks to people were assessed, however, there was a lack of detailed guidance for staff about how to move people safely.

Staff were recruited safely, there were sufficient staff on duty to meet people's needs.

People were protected from abuse and harm.

People received their medicines safely and when they needed them.

Is the service effective?

Requires Improvement 

The service was not always effective.

People's capacity was not recorded consistently if people's capacity fluctuated.

Deprivation of Liberty Safeguards authorisations had been completed for people in line with guidance.

Staff received training appropriate to their role including specialist health needs training.

People were supported to ensure their health needs were met.

People were supported to eat a nutritious diet to stay as healthy as possible.

Is the service caring?

Good 

The service was caring.

Staff treated people with dignity and respect.

Staff knew people well and knew how they preferred to be supported.

People were encouraged to remain as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

Care plans were reviewed regularly and updated to reflect people's needs. Staff responded to people's changing needs. Assessments of people's needs were completed before they moved into the service.

People had access to activities that they enjoyed.

People and relatives knew how to complain and were confident that their concerns would be taken seriously.

Is the service well-led?

Good ●

The service was well led.

A quality monitoring system was in place that looked at all areas of the service. When shortfalls were identified action was taken to rectify the issue.

Accidents and incidents were recorded and analysed, action had been taken to reduce the risk of them happening again.

Records were accurate and complete.

Staff told us that they felt supported by the registered manager and that there was an open culture.

Sholden Hall Residential Retreat

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.

The inspection took place on 7 September 2017 and was unannounced. It was carried out by an inspector and expert by experience. An expert by experience is a person who has personal experience of using or caring for someone in a care home setting.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. This was because the provider had already completed a PIR earlier this year. We looked at previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events which the provider is required to tell us about by law, like a death or serious injury.

We spoke with 19 people, eight relatives who were visiting the service, five staff members, the deputy manager, the registered manager and the provider. Conversations took place in people's rooms and the main lounge areas. We observed the lunchtime meal and observed how staff spoke and interacted with people. Some people were not able to explain their experiences of living at the service due to their dementia. We therefore used the Short Observational Framework for Inspection (SOFI) which is way of observing care to help us understand the experience of people who could not talk with us.

We reviewed records including four care plans and risk assessments. We looked at a range of other records including staff files, training and supervision records, staff rotas, medicine records and quality assurance surveys and audits.

The previous inspection was carried out in February 2017 when four breaches of regulation were identified.

Is the service safe?

Our findings

People told us that they felt safe living at Sholden Hall. One person told us, "I'm confident that staff know how to keep me safe, I have a call button and they come quickly."

At our last inspection in February 2017, the provider did not have sufficient guidance and checks to make sure risks were mitigated. Potential risks to people's health had not been consistently assessed, staff did not have detailed guidance to reduce risks and keep people safe. The provider had completed checks on the environment and identified shortfalls, however, action had not been taken to address the shortfalls to keep people safe. At this inspection improvements had been made.

Potential risks to people's health and welfare had been identified and assessed. At our previous inspection, one person was prescribed blood thinning medicine, staff had not had guidance about how to recognise or manage risks to the person. The person now had a risk assessment and care plan that gave information about the risks of the medicines, what signs to look for and when to seek medical assistance. Another person was living with diabetes, staff had not had guidance about how to recognise when the person became unwell and what action to take. The person now had a detailed care plan and risk assessment about the signs staff should look for if the person was unwell. There was information about how often the person's blood sugar should be monitored and when to seek medical assistance. Staff understood the risks to people and knew what signs to look for if people became unwell.

Some people needed assistance to move around the service safely, there were care plans and risk assessments in place. The risk assessments gave staff information about how to move the person safely including the equipment to be used such as zimmer frames. Some people required staff to use equipment such as hoists to move them safely. These risk assessments contained details of how many staff were needed, the type of equipment and how to move the person in the hoist. However, the assessment did not tell staff how to position the sling. This was an area for improvement.

Staff were able to describe how they supported people to move safely using the hoist and sling. We observed staff move people using the hoist, staff were reassuring and confident in using the equipment and people were moved safely.

At our previous inspection, one person had not been weighed for three months and there had been no risk assessment to identify if they were at risk of weight loss. Each person was now weighed monthly and if they had lost weight they were weighed weekly. Each person had been assessed to identify if they were at risk of weight loss, and a plan was put in place to manage the risk.

At our previous inspection, we had raised concerns about a person who was in their room, who was unable to use the call bell and was at risk of falls. The person had been sitting in a recliner chair with their feet up, this had restricted their movement and staff had not been recording when they had checked the person was safe. The registered manager arranged for the person to be moved to the ground floor during the inspection.

The person was now in a ground floor room and had a pressure mat to alert staff if they got up so that staff could give them assistance. Staff now recorded when they checked people who stayed in their rooms. During the inspection, the person was sitting in the lounge and taking part in some activities. They told us, that they had not realised how lonely they had been before, but now enjoyed the company of others. The deputy manager told us that they had learned from the experience and now had a risk assessment to assess if people were at risk of social isolation.

At the previous inspection, checks had been completed on the environment and shortfalls had been identified, however, these shortfalls had not been consistently addressed. Water temperatures had not been recorded regularly and when they were recorded some were higher than the recommended safe level to protect people from scalding. Water temperatures were now recorded weekly and were within the recommended safe limits to prevent scalding.

At the last inspection, the fire risk assessment had identified that the steps leading from the back hall were too steep for people, staff and visitors to use to evacuate the building. There had been no action plan in place to address this. A new step had been put in place and there was now a ramp available to use if needed and there were handles for people to hold onto by the door.

At the last inspection, the provider had failed to deploy sufficient numbers of staff to ensure that people were safe. At this inspection, improvements had been made. The registered manager told us that they had re-assessed the staffing levels throughout the day and night. Following analysis of accidents that had happened within the service, the registered manager decided to increase the number of staff at night. This had led to a reduction of unwitnessed falls from eight in three months to none. The extra member of staff early in the morning meant that people who wanted to get up early were able to be supported safely.

At the last inspection, we raised concerns that there was not always staff in the communal areas to support people and keep them safe. At this inspection, staff were available in the lounge and, the atmosphere was relaxed and people were chatting with staff.

Staff were recruited safely. Recruitment checks were completed to make sure people were honest, trustworthy and reliable to work with people. These checks included written references and a full employment history. Interview questions were recorded and any gaps in employment were discussed. Disclosure and Barring Service (DBS) criminal record checks had been completed before staff began work at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

People were protected from the risk of abuse. Staff knew what to do if they suspected any incidents of abuse. Staff were aware of the provider's whistleblowing policy and the ability to take concerns to an outside agency if they felt they were not being dealt with properly. Staff told us that they felt confident that they would be listened to and the registered manager would take the appropriate action to make sure people were safe. Some people's money was managed by the registered manager, records were kept of the amount of money received and spent. The registered manager understood their responsibilities to report safeguarding concerns in line with current guidance.

People's medicines were managed safely. Staff were trained to give people their medicines and their competency was regularly assessed by the registered manager. Medicines that had been administered were accurately recorded. Staff checked the temperature of the room and fridge, where medicines were stored, to ensure they were within the recommended temperatures for medicines to remain effective. Bottles of liquid medicines are effective for a limited period of time once opened, all bottles and eye drops had an opening

date on them.

Some people were prescribed medicines on an 'as and when' basis, these included medicines for anxiety, pain relief and bowel management. There were protocols in place for staff to follow when giving medicines for anxiety or pain relief but not for bowel management. This was an area for improvement.

There were emergency and contingency plans in place, there was an evacuation plan in each room. Each person had a personal emergency evacuation plan (PEEP) in place that covered people's physical and communication needs for both day and night.

Is the service effective?

Our findings

People and relatives told us that staff supported them when they needed them. One relative told us, "We as a family are very much involved in the decision making." One person told us, "The staff give me help when I need it and make sure I do what I can."

At the last inspection, the provider had not acted in accordance with the Mental Capacity Act 2005 (MCA) when a person lacked capacity to make a decision or had capacity to withdraw or refuse consent. At this inspection improvements had been made.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked the service was working within the principles of the MCA.

The registered manager had knowledge of MCA and DoLS and was aware of their responsibilities in relation to these. At the last inspection, the principles of MCA had not been consistently applied. The registered manager had not applied for DoLS for people who were under constant supervision. Since the last inspection, each person had been assessed as to whether an application should be made. Applications had been made where appropriate.

At the previous inspection, one person had a lap belt in place and the registered manager had not recognised that this was a restriction and that the person kept trying to undo the belt. The registered manager told us that the person had capacity but had not asked the person if they wanted the belt. At this inspection, the lap belt was no longer being used. Staff told us that the person was no longer restricted. The person told us they were happier without the belt in place.

Previously, when people had been assessed as not having capacity to make decisions, best interest decisions had not been recorded. At this inspection, people, their relatives and appropriate healthcare professionals had been involved in making best interest decisions. One relative told us, "Staff are very communicative and open to our suggestions." Another relative told us that it was discussed about their relative having bedrails but it was decided to have a pressure mat in place instead, so staff knew if the person got up.

People's capacity had been assessed to decide if they were able to consent to day to day care and treatment. The assessments had been documented, however, for people whose capacity fluctuated there was not clear documentation about which decisions they were able to make. This was an area for

improvement.

Staff understood their responsibilities to promote people's choices and preferences. People were asked their consent before giving support, if people refused this was respected and recorded in their care plan. People were supported to make decisions and offered choices in ways they understood. Staff showed people the choice of meals and puddings that were available and gave them time to make the decision. Staff supported people to spend their time where they wanted, doing what they wanted.

At the last inspection, not all staff had received training in specific areas of care related to people's needs including diabetes and managing behaviours that challenge. At this inspection, records showed that all staff have received training about the management of diabetes and behaviours that challenge. Staff were able to describe how they would support people and the signs they would look for if people were becoming unwell.

New staff completed an induction programme, this included the completion of the Care Certificate, this is a set of standards that care staff need to achieve to be deemed competent. New staff completed 'shadow shifts', where they worked with established staff to get to know people and understand people's choices and preferences.

Staff received essential training to support people and keep them safe. This training was updated regularly to ensure staff were working to best practice. Training was completed online and face to face, staff knowledge was assessed following the training. Staff had completed adult social care vocational qualifications, these are work based awards that are achieved through assessment and training. To achieve these qualifications staff must prove they have the ability to carry out their role to the required standard.

Staff told us that they felt supported by the registered manager and deputy manager. They received regular one to one supervision to discuss their practice and any support they needed. The registered manager completed a yearly appraisal with each member of staff, to discuss their future development and to set personal objectives.

Staff supported people to remain as healthy as possible, people's health was monitored and health care specialists were involved when needed. People had been supported by the district nurse, the community psychiatric nurse, and podiatrist. When people had problems swallowing and were at risk of choking, they were referred to the Speech and Language team for assessment. Advice from health care professionals was followed by staff to keep people as healthy as possible. Staff contacted people's GP's when they were unwell, emergency services were contacted when required.

People had the choice of where they wanted to eat their meals. Some people ate in the lounge or dining room, others chose to eat in their rooms. The lunch time meal was a social occasion, people chatted and appeared relaxed. People had a choice of healthy nutritious meals. Staff showed people the meal or pudding so they were able to make a choice at the time of eating. People who required assistance with eating were given time to enjoy their meal, staff chatted with them and there was laughter during the meal. People told us that they enjoyed their lunch. One relative told us, "My (relative) refused to eat when they came into Sholden Hall, they clear their plate here and enjoy every mouthful."

When people were at risk of losing weight, staff had monitored the person's weight and referred to the dietician when required. People were also given a fortified diet, where ingredients such as cream, butter and full fat milk is added to meals. People were offered snacks and drinks throughout the day, staff knew people's preferences and the size of meals they preferred.

Is the service caring?

Our findings

People and relatives told us that staff were kind, caring and treated them with respect. One person told us, "The staff always treat me well and with respect." Another person told us, "The hoist is awkward, but if you need something, you need it. They handle me with dignity and are kind."

At the last inspection, staff had not been present in the lounge for long periods of time. At this inspection, improvements had been made. The registered manager told us that there was now an additional member of staff on duty to ensure there was always a staff presence in the lounge. During the inspection we observed staff being available to support people in the lounge.

Staff knew people well and had built up strong relationships with them, they were comfortable and relaxed in each other's company. People greeted staff warmly, smiling and appeared happy to see them. Staff knew about people's families and life histories and they used this to engage people in conversation and to share memories.

The staff knew people well and knew how they liked to receive their care and support. Staff were attentive and anticipated the needs of people when they could not say what they wanted or needed. Staff had knowledge of people's physical and social needs. They were able to tell us about how they cared for each person to ensure they received individual care and support. Since the last inspection, staff had been assessing the risk of people becoming socially isolated. The deputy manager told us that people who wanted to stay in their room had been assessed and where there was a risk they had discussed with them what they would like to do to reduce the risk. Some people had decided to come to the communal lounge at times and others had requested staff spend some time chatting with them.

People were encouraged to remain as independent as possible. For example, when a person had started to have difficulty using the stairs, staff discussed the options with the person and their family and the person's room was moved so that they were near the lift. This enabled the person to remain independent.

Staff and people chatted together and with each other. The interaction between people and staff was positive, caring and inclusive. Staff asked the person's permission before intervening or assisting and respected people's decisions. People were supported in a discreet way; staff spoke to people respectfully and quietly when asking if they needed support. People were given choices of where they would like to spend their time and what they would like to eat and drink.

People's bedrooms had been personalised with pictures and ornaments that were important to them. Some people had small fridges in their rooms to keep personal items cold. A relative told us, "I am pleased my (relative) has their own things in their room including a little fridge for their chocolate." Staff had knowledge of people's likes and dislikes. People were called by their preferred name and staff, relatives and people chatted together.

Relatives told us that they welcome to visit at any time and there were no restrictions. People were

supported to stay in touch with their friends and relatives. Staff kept relatives informed of any changes to their loved ones support. A relative told us, "Communication is good, they always let me know what is happening."

At the last inspection, the registered manager did not have office space that was secure. There was a risk that confidentiality would not be maintained during telephone calls and conversations and that confidential documents were not stored securely. At this inspection, there was a new secure office structure in place and conversations could not be heard outside of the office.

Is the service responsive?

Our findings

People told us that they received the support they needed. One person told us, "I know staff will come when I need them."

At the previous inspection, the registered manager had not consistently completed documentation when they had assessed people before they came to live at the service. At this inspection, both the registered manager and provider had completed assessments of people's needs before they moved to the service. The provider had travelled to assess and meet people who were living in other parts of the country before they moved into the service. The assessments were detailed and included information about people's needs, choices and preferences. This information had been used to write the care plan to give staff guidance on how to support the person in the way they preferred.

Each person had a care plan in place that provided staff with details of people's preferences and choices. Plans contained information for staff on how to support people effectively. There were details about the meals people preferred, one person liked tea with one sugar and cornflakes for breakfast for example, and this was recorded. Staff were given guidance on when people preferred to get up and go to bed. Care plans gave information about what people could do themselves, for example, one person was able to wash their hands and face if given the flannel. Staff were able to describe how they supported people in a person centred way, this was supported by the information in the care plans.

There was guidance about how to keep people's skin as healthy as possible and how to use any specialist equipment such as special mattresses and cushions. At the last inspection, care plans had been reviewed but had not been changed to reflect people's changing needs. At this inspection, care plans had been reviewed and changes made as needed. For example, one person had been agitated after lunch, staff had reviewed the person's needs and decided to offer pain relief at lunch time. This had been effective and the person had become settled, this had been added to the care plan. We observed staff administering pain relief to the person at lunch time during the inspection.

Some people had behaviours that may challenge. There was detailed guidance for staff about how to manage the behaviour. The care plans gave staff information about the triggers for the behaviour, interventions to manage the behaviour and action to take if the interventions had been unsuccessful. Some people were prescribed medicines to calm them, there were risk assessments and guidance for staff about when the medicines should be given. Staff had followed the guidance and records showed that the medicines had not been required very often.

Staff supported people to keep occupied. Staff were available to people in the communal rooms, they chatted with people, using books and magazines to start conversations about people's memories and thoughts. Since the last inspection, the arts and crafts coordinator had increased their visits to twice a week. They were present on the day of the inspection. People joined in with the activities and appeared to be engaged and happy. People were given information about the activities that were taking place each month. There was a different activity each week, including music and singing and bingo.

Staff had been trained in Namaste care. This is a programme that has been designed to improve the quality of life for people living with dementia, including hand and foot massage using creams and scents that reminded people of their youth. Staff supported people with Namaste care each afternoon, we observed people receiving hand massages, people told us they enjoyed it and it was relaxing.

The provider had a written complaints procedure. This was available in the reception area of the service. The complaints procedure was available in a format that was meaningful to people living with dementia. The registered manager had not received any recent complaints, they were aware that complaints needed to be recorded, investigated and responded to. People told us they knew how to complain, but had not needed to and one person said, "I have yet to find anything to complain about."

Is the service well-led?

Our findings

People and relatives told us that the registered manager and deputy manager were approachable and felt the service was well led. One relative said, "I saw the last report and was worried, but I came in and met the registered and deputy manager and changed my opinion. I am happy my (relative) is here."

At the last inspection, the breach of regulations from the previous inspection had not been met and further breaches of regulations were found. We identified breaches relating to consent, safe care and treatment, good governance and staffing. We asked the provider to take action and the provider wrote to us to say what action they would take to meet the legal requirements in relation to the breaches. At this inspection, we found that the provider had complied with their action plan and met the legal requirements of the regulations.

Previously, systems to monitor the quality of the service had not been effective and had not identified the shortfalls found at the inspection. At this inspection, improvements had been made.

There were effective systems in place to monitor the quality of the service. The registered manager and provider completed weekly and monthly audits. These included medicines, infection control, care plans, accidents and the environment. When the audits had identified shortfalls an action plan had been put in place, with the action to be taken, who was responsible and the date the action should be completed by. The action plans had been reviewed and signed as completed when finished.

At the last inspection, staff had completed checks on the environment and equipment, however, these had not always been up to date and action had not been taken when shortfalls were identified. Improvements had been made, water temperatures were recorded and were within safe limits to reduce the risk of scalding. The environment had been improved to ensure that people were able to leave the building safely in the case of an emergency.

At the previous inspection, accurate and complete records in respect of each person were not maintained. Improvements had been made.. Risks relating to people's care and support had been consistently assessed and documented. Clear guidance was provided to staff about how to mitigate risks to people and care plans had been reviewed and changes made when required.

The registered manager had sent out a quality assurance survey in April 2017. The survey was sent to people, relatives, staff and stakeholders such as district nurses and GP's. The results had been analysed and published for people and their relatives to read. The analysis showed what the service did well, what they could do better and what the service did not achieve. There was information about how the service was going to improve following the results of the survey. The registered manager produced a regular newsletter to keep people and their relatives informed of what was happening within the service.

There was an open and inclusive atmosphere within the service. People, relatives and staff appeared relaxed and comfortable with the registered manager. There was an open door policy for staff, people and relatives,

they told us that the registered and deputy manager were approachable and they could discuss anything with them. The registered manager knew people well, they responded to them in a positive way, they were smiling and laughing with them. Relatives told us that the registered manager was easy to talk to if they had any concerns and felt comfortable to go to the office at any time and were always made to feel welcome.

Staff understood their roles and responsibilities and had a good understanding of people's needs, choices and preferences. Staff met with the management team for supervision meetings, the registered manager received supervision from the provider and they worked together to improve the service. The registered manager attended regular forums to keep up to date with developments in practice.

Staff told us that they worked well as a team, the registered and deputy manager worked alongside the staff to ensure that their practice was at the standard required. The registered manager told us that they had recently changed the way they and the deputy worked. They had altered their shift patterns to include evenings and weekends so there was always a manager at the service.

The registered manager held staff and resident meetings to enable people and staff to give their opinions and suggestions about the service.

It is a legal requirement that a provider's latest Care Quality Commission (CQC) inspection report rating is displayed at the service where a rating is given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The rating was displayed at the service and on the provider's website.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner and in line with guidance.