Mulberry Care Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 29 and 30 November 2016. The inspection was unannounced. The service was last inspected in September 2015, when it was rated "Requires improvement" in 'Effective' and 'Well-led' and "Requires improvement" overall. No breaches of regulations were found at that inspection. At this inspection we found the management had continued to make improvements in the areas which required improvement. Some further improvements were needed with regard to record keeping and proactive management as detailed below.

Mulberry Care Limited provides personal care without nursing, to up to 35 people with varying degrees of dementia.

A registered manager was in place as required in the service. 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.

People and relatives felt people were well cared for and described staff as kind caring and respectful. People told us staff involved them in their care and sought consent before providing care. The opinions of people and relatives about the service had been sought and action was taken to address any issues identified.

People's rights and freedom were protected in the way staff worked with them. Staff knew how to keep them safe and what to do if they had any concerns about people being abused. People's complaints had been responded to and addressed.

People's health and nutritional needs were well managed and they were encouraged to make decisions and choices about their daily lives. People enjoyed the food, which was provided via an external catering company. Cultural, religious and other dietary preferences were well met.

We identified some potential health and safety issues regarding safety checks and equipment servicing but the management took action to address these immediately. Some improvement was needed in the maintenance of health and safety related records.

Staff levels were sufficient to meet people's needs and staff were working more effectively than we had observed at previous inspections. We saw a particular improvement in the way staff engaged with people and involved them in conversation and activities. The level of activities and entertainment had continued to improve.

Improvements had been made in staff induction and training. Staff received ongoing support and development opportunities, through the introduction of 'champions' for key aspects of the service such as falls prevention, activities and dementia.

The registered manager and operations manager had systems in place to monitor the operation of the service and both directly observed care practice to monitor this. The monitoring systems had not identified all of the issues which were seen during the inspection so further work was required to develop management proactivity.

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.

However, people had been exposed to some potential risk due to ineffective oversight of routine safety checks and servicing. Action was taken during and immediately following the inspection to address these issues.

People and relatives felt people were safe and well cared for by the staff.

Staff understood how to keep people safe. They were aware of the types and potential warning signs of abuse and were confident management would take appropriate action on any concern.

Risks to individuals were assessed and minimised. A robust recruitment process helped ensure the suitability of staff.

Is the service effective?

Good

The service was effective.

People and relatives felt staff met people's needs well. People's rights and freedom were respected by staff.

Staff received appropriate training, ongoing support and development.

People's nutrition, hydration and healthcare needs were well met.

Is the service caring?

Good

The service was caring.

People felt staff were kind, caring and respectful.

People's dignity and privacy were supported well by staff who had received training in these areas.

People's cultural and spiritual needs and individual wishes were

respected.

Is the service responsive?

Good

The service was responsive.

People and relatives felt the service responded well to people's changing needs.

The range and level of activities and entertainment had been improved.

People or their representatives had been involved in planning their care and care plans encouraged person-centred care.

People had not had reason to complain but knew who to speak to if necessary and felt their concerns would be addressed by the management.

Is the service well-led?

Requires Improvement

The service was well led with the exception of a couple of areas which still required further development.

The day to day operation of the service was regularly monitored by the registered manager and operations manager. Action was taken to address identified issues. However, the monitoring process had not picked up all potential areas of concern highlighted during the inspection.

The management team had encouraged staff development by developing 'champion' roles for staff to take greater responsibility.

Team meetings took place regularly to enhance communication of the provider's values and vision for the service.

Mulberry Care Limited

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.

We last inspected the service on 16 and 17 September 2015. At that inspection we found the service required improvement in the areas of "Effective" and "Well Led" with no recorded breaches of regulations. The service received an overall rating of "Requires Improvement".

This inspection took place on 10 and 13 October 2016 and was unannounced. The inspection was carried out by one inspector. As part of this inspection we followed up the previous areas where we identified the need for improvements.

Before the inspection, the provider completed 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 looked at the information provided in the PIR and used this to help plan the inspection. Prior to the inspection we reviewed the records we held about the service, including the details of any safeguarding events and statutory notifications sent by the provider. Statutory notifications are reports of events that the provider is required by law to inform us about.

During the inspection we spoke with four people and three relatives about their experience of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed the interactions between people and staff and saw how staff provided people's support. We had lunch with people on the first day of the inspection.

We spoke with three of the staff, the operations manager and the registered manager. Prior to the inspection we contacted the placing local authority to seek their views, who raised no concerns about the service.

We reviewed the care plans and associated records for five people, including their risk assessments and

reviews, and related this to the care we observed. We examined a sample of other records to do with the home's operation including staff recruitment, supervision and support records, surveys and various monitoring and audit tools.

Good

Is the service safe?

Our findings

People and relatives felt people were safe in the service. One person said, "I do feel safe here, the staff know what they are doing", another person told us, "Yes I'm safe." A relative said, "[name] is safe here." People felt there were enough staff available and told us they didn't usually have to wait long for help if they needed it. One person told us, "There's plenty of staff."

The majority of certification for required safety checks and equipment servicing demonstrated checks and servicing had been carried out within the required timescales. For example, lift and hoist servicing, electrical appliance testing and legionella tests. The operations manager said hot water temperature control valves were serviced and tested annually but the certification for this was not available during the inspection. A letter from the plumber was supplied following the inspection, confirming testing and servicing had taken place and they were functioning correctly.

Weekly testing of the water temperatures from all outlets took place and was recorded. However, temperature testing at the time of bathing or showing of service users was not being recorded and no thermometers were provided in bathrooms. This had placed people at potential risk from injury from the use of excessively hot water. The operations manager ordered thermometers for each bath/shower room during the inspection to set up this monitoring. The registered manager supplied a copy of a new form to record these temperatures, which would be placed in each bath/shower so they were readily accessible.

The most recent boiler service identified a number of issues and remedial actions which had all been addressed. A gas safety certificate dated November 2016 was in place. The certificate for the periodic testing of the electrical installation was not available during the inspection. An electrician's letter was supplied following the inspection which confirmed this testing had not been carried out as planned. The testing was scheduled for 7 December 2016.

The record of the most recent testing of emergency lights indicated partial testing as some units were of an older design and needed replacing. An electrician was booked, during the inspection, to carry out the testing of the remaining emergency lights and upgrading of older equipment in December 2016. The operations manager stated the emergency lighting was all fully functional in the meantime and would continue to be tested weekly. Certification for the fire alarm, smoke detectors and fire extinguishers was in order.

In house checks of the fire alarm, emergency lights and fire doors were carried out monthly. Two fire drills were recorded as having taken place in the previous 12 months, both in March 2016. The registered manager acknowledged that the drill due in September was overdue.

During the inspection, we found the fire door from the dining area to one of the bedroom corridors was not closed fully by its self-closer. This was addressed during the inspection. We also noted that one panel of the window between the kitchen and the dining area, was unglazed. The operations manager agreed to seek the view of the fire officer on this to ensure it met fire regulations. Other panes were glazed with fire resisting glass.

One safeguarding matter had arisen in the previous 12 months which was found to be unsubstantiated. The service had discussed five events/issues with the local authority safeguarding team, of which only one was considered to be a safeguarding matter.

Staff had all attended safeguarding training to ensure they understood how to keep people safe and to recognise the signs of possible abuse. A safeguarding reporting flowchart was provided for information as an aide memoire within the handover meeting folder, together with relevant contact numbers.

Staff demonstrated appropriate awareness of their responsibility to keep people safe and were aware of the types and possible signs of abuse. Staff told us they would record and immediately report any such concerns to management. They were confident management would take appropriate action.

People had individual risk assessments where specific risks had been identified. The service had recently established 'champions' in key safety-related areas, such as falls and infection control. These were named care staff who had been provided with additional training to enable them to develop the performance of staff and the service in these areas. The registered manager held monthly meetings with champions as part of her oversight of the service. No serious accidents or incidents had been reported by the service in the previous year. A falls 'champion' had been appointed within the team. They had attended additional training on the reduction and management of falls. The service had liaised with the local 'falls clinic', the rapid response team, care home support team, GP's and the occupational therapy service, to develop staff skills in this area.

The registered manager said the service did not routinely use agency staff, preferring to cover shortfalls from within the team or its 'bank' of four staff who could be called upon when required. When one person required a period of one to one support previously, agency staff had been used. Staff turnover was not seen as problematic. The home had lost and replaced five staff in the previous 12 months but had retained a core of more long term staff who were familiar with people's needs. In response to staff feedback, one additional staff member had been provided each day when demand was highest within the 'East wing'. For example between 11am and midday and 4pm to 6pm, at weekends, and 8am until 6pm each weekday to support people with higher needs. Staffing levels seen during the inspection were sufficient to meet people's needs and allowed enough time for care staff to engage people in activities during the day.

From the recruitment records examined, the service had a robust recruitment system to help ensure potential staff had the necessary skills and were suitable to work with vulnerable people. Each staff file contained evidence of references, a criminal record check and confirmation of identity. Prospective staff also completed a health questionnaire, a full employment history and checks of literacy and numeracy. Where staff originated from outside the EU, records showed their right to work had been checked.

People were happy with how staff managed their medicines on their behalf. One person told us, "My medicines are looked after and I always get a drink with them." Medicines were managed on people's behalf by the service using a monitored dosage system. Medicines, including those in liquid form, were pre-packaged in sealed, labelled pots by the pharmacy. Records were well kept and the system was colour coded to assist in this. For prescribed creams, body charts were used to indicate the areas of the body for them to be applied.

The registered manager told us there had been no reported medicines errors in the previous 12 months. Only senior staff, trained and competency assessed, administered medicines. One senior staff member was the designated lead person for medicines. He carried out and recorded daily medicines monitoring audits, which reduced the risk of errors or omissions. Where people were on as required (PRN) medicines,

appropriate individual PRN protocols were present to help staff assess the need to administer them. For example, information was provided about how the individual might indicate, other than verbally, that they were in pain.

All staff had received training on infection control and the use of personal protective equipment to reduce the risk of cross infection. Competency had been assessed as part of the Care Certificate competency checks. The home appeared clean and was free of any unpleasant odours. The operations manager said the replacement of carpets with modern vinyl flooring throughout the ground floor communal areas had assisted with this.

The service had a written plan for business continuity in the event of a variety of foreseeable emergencies. However, the document was over 50 pages long and was more a management tool than a practical guide for staff who might be responding to an emergency as it did not provide all of the required information readily. The operations manager drafted a new emergency plan during the inspection, aimed more at providing staff with the information they might need. This included the location of water stop valves, electrical and gas isolation switches as well as identifying the agreed location to which people should be evacuated if required. The contact numbers for senior management and the required emergency contractors were also included.

Good

Is the service effective?

Our findings

At the previous inspection we identified some issues regarding the timeliness of training provision to new staff and the completeness of training records. Staff appraisals also lacked sufficient depth and did not focus on the future development of staff. Some staff did not engage effectively with the people they were supporting to involve them and explain what they were about to do. Consent had not always been obtained or documented for the use of potentially restrictive equipment. The premises also required further development to maximise its potential to meet people's needs.

At the time of this inspection we found that additional progress had been made in all of the above areas such that a satisfactory standard had been attained. The management were continuing to develop the service in these and other areas.

People were happy in the service. One said, "I am happy here, the staff are fine." Other people told us, "The staff are good and take their time. I get on with all the staff," and "Staff are alright,…they don't rush me." Relatives were also positive about the service. One said, "They are very good, [name] is always presentable." Another said the move to Mulberry care had been "…perfect, some staff speak her language and they provide her with Halal food." Relatives were also happy the service provided, "Regular staff", and people had some familiar items in their bedroom, to remind them of home. Another said, "Staff are very kind, efficient and attentive to the smallest needs." People said the staff were smiling and regularly offered drinks.

The majority of people lived with some degree of dementia and staff had all attended dementia training. The registered manager had appointed a 'dementia' champion who had received additional training in this area. The aim was to provide on shift guidance to staff and take a lead on developing staff dementia practice. During observations we saw some evidence of improvements in this area of practice. Staff were more attentive to the needs of people with dementia and worked to engage with them and involve them in activities.

The majority of staff had completed the 'Care Certificate' induction, with existing staff having completed the same workbooks and competency assessment process. Two recent recruits were working thorough the care certificate. Staff had access to a computer in case they were unable to complete units at home and to watch training DVD's.

The registered manager said the service had worked to improve the level of training and ensure more timely updates in key areas. The training matrix provided showed this to be the case with staff all up to date with core training.

The registered manager and one of the senior carers had attended training to enable them to deliver core training to other staff in moving and handling and first aid. This helped ensure training updates in these subjects could be delivered in a timely way.

The registered manager told us staff attended supervision meetings approximately every two months,

interspersed with 'job chats' which were a slightly less formal opportunity to raise any concerns they might have. A schedule of planned supervision and job chat dates throughout the year to march 2017 was provided. We looked at examples of two recently recruit's supervisions. One had attended three supervisions and four job chat meetings since April. Another had attended two job chats since September 2016 but had yet to attend supervision. Staff felt sufficient support was available for them in their role and confirmed they had attended an appraisal.

Staff attended annual appraisals. The registered manager told us they had improved the appraisal process to include more emphasis on the future development of staff. Within the staff team, there was good evidence of staff having achieved promotion. Staff could contact a member of the management team for support or advice, out of office hours, via the contact number they were provided with.

Staff met together between shifts to handover key information about people's wellbeing. The handover file contained summary information from these meetings about people's needs and any concerns. The folder also included information about the local authority 'rapid response team' and the training link to 'log on to care' online courses provided by the local authority. A copy of the provider's falls protocol, information on de-escalating behaviour, nutrition and dietary protocol and other key information was also included as an aide memoire to staff.

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.

Copies of power of attorney were sought where a relative had been granted the right to make decisions on a person's behalf, because they lacked capacity. The registered manager said this applied only to matters of finance for four people at the time of this inspection. The remaining people had the capacity to make most day-to-day decisions. Wherever possible, the registered manager explained they involved people in discussions about their care and when this was not possible, best interest discussions took place with family members and relevant professionals, where decisions needed to be made.

For example, one person had a lowered bed with a mat beside it at night with appropriate best interest consultation. Two people have bedside alarm mats due to the risk of falling should they try to get up unaided. A designated staff member carried the alarm receiver on each shift. The registered manager told us appropriate consent or best interest discussions had taken place in each case to enable this safety precaution to be used. Five people had raised bedsides at night to prevent falls from bed, all of which were used on the recommendation of the occupational therapy team and each person had consented to their use.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called Deprivation of Liberties Safeguards (DoLS). The service was working within the principles of the MCA. Eight people already had a DoLS in place. A further five applications had been submitted, and were awaiting a response from the local authority. The service had invited families to a meeting with the 'care home support team' to discuss dementia and decision-making and had provided families with information leaflets to help explain the process. People's consent was sought by staff prior to providing support with personal care or other tasks.

People and relatives told us staff looked after people's nutrition and hydration needs. One person confirmed they were regularly offered drinks and said, "The food is good, I do like it." Others also said the food was good and they liked it. The registered manager had appointed a food and nutrition champion whose role was to take the lead on issues around food and nutrition and liaise with the external catering provider. Like the other 'champion' roles, their work was in its early stages and further development was possible in the future. The service had consulted the speech and language therapy team and dietitians where necessary. The meals were provided by an external catering company who provided the necessary information on calorie content etc. to support dietary monitoring. People's files included regular weight records and nutritional risk assessments which were reviewed monthly.

Relatives were happy people's healthcare needs were met well by the service and said staff called the GP in if they had any concerns. The service liaised well with external healthcare specialists to assist with meeting people's needs. For example, the local community psychiatric nursing team were consulted and visited to address mental health needs and an audiologist had visited to assess people's hearing needs. People's files included assessments of skin integrity and pressure relieving equipment was obtained where necessary. Records showed appointments with other external healthcare specialists including GP's, chiropodists and the district nursing team. The registered manager agreed to make enquiries to obtain additional dental visits to ensure people benefitted from the full range of their health checks whether or not they still had all their own teeth.

The building was not purpose built to provide an ideal environment to support people with dementia. However, some adaptations had been made to provide for their needs. Some clear signage had been put up identifying the purpose of communal rooms and date and weather boards were present to support orientation. People's bedrooms had the facility for a large picture, sign or name plate to help people locate them. The option of memory boxes beside each door was also available to place a photo or familiar items, to aid orientation. Several large frames of photos of people engaged in activities, had been put up in communal areas. These could help staff to engage with people about past events and showed visitors the range of entertainment provided.

Good

Is the service caring?

Our findings

People were positive about the approach of staff and felt they were kind and caring. One person said, "I am quite content with the care, they do a good job, staff always seem calm."

A relative said, "Staff are very nice." Two relatives were especially happy their family member had staff available who spoke her birth language to help maintain communication. Relatives described staff as, "Respectful and helpful."

During our observation of staff delivering care to people they worked calmly and with patience, offering reassurance and encouragement to people. Staff smiled and engaged with people more effectively than we had seen previously. They crouched down to speak to people who were seated, at the same level, rather than standing over them. The manner in which staff spoke to people was respectful, they were attentive and included everyone present. Where someone declined something which they were offered, staff checked with them again later in case they had changed their mind. When supporting someone to stand to transfer from wheelchair to armchair staff explained the process at each stage to the person supported.

Staff also explained how they always sought people's consent before providing care, gave them choices and talked them through what was going to happen to reassure them. They also described the ways they helped to maintain people's dignity, by closing doors and curtains and keeping people as covered as possible. One staff member also described how they sat down with a person if they were assisting them with their meal, rather than stand over them. We observed this was done. Care plans identified where people could manage aspects of their own care themselves or with only minimal support, so staff did not take over. People's end of life wishes were also recorded where they or their representatives had been willing to discuss them. One person's care plan specifically identified their preference for female care staff and this was provided for.

The service operated protected mealtimes. This meant external professionals were encouraged not to visit at mealtimes so people could enjoy uninterrupted meals to encourage good nutrition. If family wished to visit at mealtimes to eat with relatives or assist them to eat, this was supported.

People and relatives were happy with the way staff supported and maintained people's dignity. Relatives commented, "[Name] always has her nail polish on and her hair plaited. She is always clean and well kempt." One person said of how staff managed their dignity, "They do a good job." Another said, "They look after dignity well," and added that having an ensuite also helped with this.

The minutes of recent team meetings included discussion about providing dignity to people and reference to staff viewing a DVD about dignity in care. The service had signed up to the local authority' Dignity Charter' and this too, was referred to in discussions with staff along with the use of a dignity game to reinforce the messages. Dignity in specific situations had also been discussed in handover meetings. The registered manager had presented live demonstrations to staff about delivering dignity in practice. Staff were able to give examples of how dignity had not been provided in the given demonstrations and discussions took place to reinforce the learning. Care notes were written using appropriate and respectful language and

terminology.

The service provided for people's spiritual, cultural and diversity needs. For example providing for vegetarian, Halal and other dietary wishes through the external catering company. Families had also been encouraged to bring in treats and meals relevant to a person's cultural origins. The service employed a diverse staff group and the benefits of this were used when possible to enhance the care provided. For one person this meant staff were available who spoke their birth language, which relatives felt, helped the person feel secure. People's spiritual needs were met via visiting clergy or friends from their faith. Where a person wished to attend an external place of worship this was enabled with either family or staff support.

One person was being supported with end of life care. Appropriate discussions had taken place with their family to ensure the person's wish to remain in the service was respected. The service had liaised with the GP to ensure the person's healthcare and any pain relief needs were met.

Good

Is the service responsive?

Our findings

People and relatives felt the service responded promptly to changes in people's needs and their views were listened to. People had mixed opinions about the range of activities provided. One person felt they were much the same and two said activities and entertainment had improved. One person said they chose not to join in with the activities and preferred to stay in their own room, and staff enabled this. One person commented that there was always, "…a quick response to the [alarm] bell." People said staff offered them choices about how they wished to spend their day.

Relatives felt the service was good at keeping them informed of any changes in people's wellbeing. Two relatives said, "If anything happens, they call us." They said staff were aware of their family member's wellbeing and able to answer their questions about this, which they found reassuring. They also felt staff picked up on any changes in health and called the GP promptly. One relative described how the service had provided 24 hour one to one care for a period, when their family member was unwell. A relative said, "I am happy she is here."

A resident and a relative told us they felt staff responded well to people's different levels of need, and gave the example of having seen how they supported some people, who needed assistance, to eat their meals. We observed staff picked up on people who might be becoming anxious or restless and engaged with them offering reassurance, refreshments or an activity. Staff offered people choices and opportunities to become involved with activities, where they might be watching others engaged in it. Although their success in this was limited, staff later re-offered the same or other activity options to people who declined. People who preferred to not to be actively involved or who preferred to interact with puzzles or soft toys by themselves, were given space to do so.

The service had joined the "National Activity Providers Association" (NAPA). NAPA provides guidance and training to improve activities provision in care homes to ensure people are provided with a range of meaningful activities. Staff felt the level and range of activities had improved. We saw an increase in staff confidence around engaging people in activities, over that seen during previous inspections. The management were actively seeking additional activities and entertainment including those from a service that brings in a variety of animals for people to interact with and local schools.

Care plans had been discussed with people or their representatives and included sufficient detail to enable staff to deliver personalised care. They were supported, where necessary, by risk assessments and guidance from external healthcare specialists such as occupational therapists, community psychiatric team or dietitians. For example, one person's file included guidance for staff on how to respond when the person was experiencing hallucinations. Care files also identified where people had particular interests or hobbies and provided staff with some useful family history and background to help them initiate conversation.

Regarding complaints, people said," I have nothing to complain about," "I've not had to complain" and "I've not had anything to complain about but I would talk to [senior staff name]." Two relatives said they had not had any cause to complain about the service, but were, "…confident they'd deal with it," if they raised

anything. Other relatives had also not needed to raise any concerns.

The complaints procedure was posted in the entrance hall and was given to residents and relatives on admission along with the statement of purpose and service user guide. Complaints that had been received had all been followed up and addressed by the management. Where necessary management had met with the complainant face to face to discuss their concerns. The service had also received various compliments and thank you cards from people praising the care provided. Improvements had been made to the service in response to some of the complaints. For example, the service now had a dedicated laundry person and had made other improvements to laundry handling.

Requires Improvement

Is the service well-led?

Our findings

At the previous inspection we identified some issues regarding leadership and the ability of the management team to maintain the improvements we had seen in various areas. There was a tendency for the service to be reactive, rather than proactive in how it identified and addressed issues. The service had received support from the local authority and other external agencies, including the local 'Care home support team' and an external consultant.

At the time of this inspection we found that improvements had been maintained and continued to be made in most areas. For example, in care planning, activities and the environment. However, there was still room for further improvement in record keeping to ensure routine safety checks always took place within an appropriate timeframe and the records of these could be located when required.

People and relatives found the manager accessible and said she would make time to meet them if they wanted to discuss anything.

Staff 'champions' had been appointed to provide day to day leadership to colleagues in key areas such as falls prevention, health and safety, activities and nutrition. Each had been provided with additional training to support their role. It was still early in the evolution of these roles but management reported they had already seen some improvements in staff practice which they attributed to the additional support provided by champions. The registered manager had so far met twice with the champions to discuss their role.

Staff meetings took place regularly to keep staff informed about relevant matters regarding the service and for discussions about aspects of care delivery. The minutes of recent meetings showed the agenda included such things as dignity, dementia, safeguarding and activities. Staff felt they could discuss any concerns with the registered manager and felt the team was supportive and the team spirit was positive. They understood the provider's values and the expectations upon them with regard to care standards. They felt the service was continuing to improve and had received guidance via the staff handbook, policies and procedures.

The registered manager had led exercises around dignity, which have taken place in handover meetings. These were part of ensuring staff understood the vision and values of the service. The service had organised a meeting with relatives in November 2016 to explain their ethos, changes in legislation and provide information about dementia via an invited speaker.

The registered manager completed monthly audit reports which were reviewed by the operations manager. Any issues were identified and the action taken to address them was monitored and signed off on completion. The operations manager also carried out periodic audits of the service.

The manager and operations manager met weekly with the registered provider to discuss the operation of the service. The registered manager and operations manager both spent time observing staff care practice informally as they carried out their daily duties. The registered manager took part in daily handovers, which enabled her to hear about any difficulties the staff may be experiencing and to monitor the approach and

attitude of staff. In response to staff feedback about the workload at particular times, the registered manager had provided additional care hours.

Overall there were improvements in the effectiveness of management within the service. However, there were still some instances of reactive management. For example, the failure to identify the fire door defect until it was raised during inspection and the fact that not all servicing and safety checks had been carried out within the required timescales. Some records were not kept in such a way they could be easily located or monitored. The operations manager said this would be addressed to maximise the effectiveness of their monitoring.

The provider had achieved 'British Standards Institute' accreditation under the ISO 9001 award for their management systems, policies and procedures. The service was due a follow up inspection under the scheme following this inspection. A development plan was in place for the service which included the improvements made to the physical environment. The service had also planned to increase occupancy after a period of low occupancy levels and had achieved this.

The most recent survey of the views of the people supported and their families, was carried out in June 2016. The feedback was positive, with little dissatisfaction identified. People were happy with the care and support provided by the service. Some improvements had been made since the survey. For example, to the physical environment of the home, including the replacement of carpets throughout the ground floor communal areas with wood-look vinyl.

A food satisfaction survey had been carried out in Mach 2016 by the external catering company. Most people were satisfied with the meals provided. The company made changes to menus in response to a few negative comments. The service buys some core food items and alternatives locally in case people don't like the available menu options and for additional snacks. The service carried out a survey of the opinions of the external professionals with whom they worked in March 2016 and received positive feedback. One professional commented, "Care staff have provided a warm and caring environment" and added, "The client is very happy with her care." A staff survey had also taken place in March 2016, which received positive feedback particularly about the regular monthly staff meetings and improvements to handover meetings.