Care UK Community Partnerships Ltd

Sunningdale

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?	Good

Summary of findings

Overall summary

Sunningdale is situated to the east of the city of Hull, near to public transport facilities and there are local shops within walking distance. The service is registered to provide accommodation and personal care for a maximum of 49 people, some of whom may have nursing needs and be living with dementia. All the rooms are for single occupancy. There are sufficient communal areas, bathrooms and toilets on both floors. There is an accessible garden and car parking at the front and rear of the building.

At the last comprehensive inspection on 7 and 8 October 2015 we found the registered provider was in breach of one of the regulations we assessed regarding the management of medicines. The service was rated 'Requires Improvement overall.' We undertook a focused inspection on 12 February 2016 to check the registered provider had made improvements and found they met legal requirements.

During this comprehensive inspection on the 24 April 2017, we found improvements had been made in three of the questions we ask about services and have changed the rating for the questions –Is the service 'Safe', 'Effective' and 'Well-led?' to Good. We have kept the rating for 'Responsive' and 'Caring' as Good. The overall rating for the service has improved and changed to 'Good'. At the time of the inspection there were a total of 44 people living in Sunningdale.

There was a registered manager in post. 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 felt safe at the service. Staff showed a good knowledge of safeguarding procedures and were clear about the actions they would take to protect people from harm. Accidents and incidents were managed appropriately by the service and reviewed regularly by the senior management team. The premises were well maintained. Checks of equipment had been completed.

Recruitment processes were thorough and helped the registered provider make safer recruitment decisions when employing new staff. The recruitment of more qualified staff had improved the consistency of care support and staff morale. Staff were deployed in suitable numbers to meet the assessed needs of the people who used the service.

Overall, we found the improvements in medicines management had been sustained. People's medicines were stored safely and administered as prescribed. A recent shortfall in stock control had been addressed and ordering procedures had been reviewed and strengthened.

People were supported by staff who had been trained to carry out their roles effectively. Staff told us they felt supported by the registered manager and confirmed they had received formal supervision and appraisal from their line manager.

We found communication systems were more effective. Information was shared at regular staff, resident and managers meetings.

Consent was gained before care and support was delivered and the principles of the Mental Capacity Act were followed within the service.

Staff worked closely with health and social care professionals to ensure people were supported to maintain good health. People received a well-balanced diet that offered variety and choice. People liked the meals provided to them and their nutritional needs were met.

People told us they were supported by kind and caring staff who knew their preferences for how care and support should be delivered. During observations it was clear caring relationships had been developed between the people who used the service and staff. People's privacy and dignity was respected by staff who encouraged them to be independent and make choices and decisions in their daily lives. Private and sensitive information was stored confidentially.

People were involved with the initial assessment and the reviews of their care and support. Their levels of independence and individual strengths and abilities were recorded. The majority of care plans we checked reflected individual's needs clearly, some minor recording shortfalls were addressed during the inspection.

People were encouraged to maintain relationships with important people in their lives and to take part in a range of activities at the service. The registered provider had a complaints policy which was made available to people who used the service. When complaints were received they were responded to in line with the registered provider's policy and used to develop the service whenever possible.

Staff told us the registered manager was approachable, supportive and listened to their views regarding developing the service. Their management style was open and inclusive. A comprehensive quality assurance system was in place to ensure shortfalls in care and support were identified and drive the continual improvement of the service.

People who used and visited the service were supported to share their opinion of the service provided to ensure their views were known and could be acted upon.

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 were recruited safely and there were sufficient numbers of staff on duty to meet people's needs.

Overall, improvements to the management of medicines had been sustained. Some recent shortfalls in stock control had been identified and addressed.

Staff knew how to safeguard people from the risk of harm and abuse. They had completed training and knew how to report concerns. Areas of risk were identified and steps taken to minimise the likelihood of accident and incidents occurring.

Is the service effective?

Good

The service was effective.

People gave their consent to receive care and support and where this was not possible; the principles of the Mental Capacity Act 2005 were followed to protect people's rights.

People were supported to eat a healthy, balanced and nutritious diet. They were supported to access community health care professionals and attend appointments when required.

Staff received training, supervision and support which provided them with the skills and abilities to carry out their roles effectively.

Is the service caring?

Good

The service was caring.

Staff approach was caring and compassionate. They respected people's privacy and dignity. Feedback from people about the staff was positive.

People's independence was encouraged where possible. They were involved in making decisions about their care and treatment and their preferences were recorded in their care

plans.

Private and personal information was kept confidentially.

Is the service responsive?

Good

The service was responsive.

People were happy with the care they received and confirmed staff were responsive to their individual needs. People had the opportunity to participate in meaningful activities.

People's care plans recorded information about their individual care needs and their preferences. They were reviewed and updated regularly. Some minor recording shortfalls were addressed during the inspection.

There was a complaints procedure in place and people told us they knew who to speak with if they had a concern or a complaint.

Is the service well-led?

Good

The service was well-led.

There was an open and inclusive culture within the home. Staff told us the management team were approachable and encouraged people to be actively involved in developing the service.

The registered provider's quality assurance systems consisted of audits, checks and feedback provided by people who used the service, relatives, staff and healthcare professionals.

Notifications were submitted to the Care Quality Commission as required.

Sunningdale

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 registered 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 undertook this comprehensive inspection on the 24 April 2017 and it was unannounced. The inspection team consisted of two adult social care inspectors and an expert-by-experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was received in a timely way and was completed fully. We looked at notifications sent in to us by the registered provider, which gave us required information about how incidents and events at the service were managed.

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 observed staff interacting with people and the level of support provided to them throughout the day, including at meal times.

We spoke with twelve people who used the service, eight of their relatives, a visiting GP and a community nurse. We also spoke with the registered manager and a selection of staff; these included two members of qualified staff, a senior care worker, four care workers, cook, activity coordinator, domestic and the maintenance person.

We looked at six care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as 22 medication administration records and monitoring charts for food, fluid, weights and pressure relief. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We checked a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training records, the staff rota, minutes of meetings with staff and people who used the service, quality assurance audits, complaints management and maintenance of equipment records. We completed a tour of the building and checked the environment.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe living at Sunningdale. One person said, "They include me in everything, I can't see very well but I can hear things. I'd never like to go anywhere else. We are never at loggerheads. I feel there's nothing here to trip me up. The girls do my tablets. It's very safe." Another person told us, "I feel safe here because no one can get in or out unless they have the key code. They bring my medicines around. I've never locked my door I feel my things are safe. The night staff come and check me regularly. I've got a buzzer and the staff always come." Other people said, "Yes, I'm safe here and well looked after. They took me to the bathroom the other day there's a seat you sit in and it twizzles round and lowers into the water; I feel safe in it", "I feel safe because there are always people around. There's always enough staff" and "I feel safe on a night because they come and check me." A relative we spoke with said, "Yes, it's very safe here. We visit every day and see what goes on and how staff treat [name of family member] and the other residents here."

People told us they received their medicines when they needed them. One person said, "They come round like clockwork, I always get my medicines on time." At the last inspection we found improvements had been made with the management of medicines in the service and during this inspection we found that overall, the improvements had been sustained.

Medication administration records we reviewed were complete and contained no gaps in signatures. All 'as required' medicines were supported by written instructions which described the situations and presentations when these medicines could be given. We saw where people were prescribed pain relief patches, records stated the date and time of application and removal of the patch.

We found shortfalls with the stock control of some medicines for three people over the recent bank holiday weekend. The errors had been reported to people's GP's and no-one had experienced any ill effects. The registered manager had investigated the incidents and confirmed they had put systems in place to ensure safe stock control was monitored more effectively. Records and discussions with staff evidenced the management of stock control in the service had been consistent and safe up until these recent incidents.

There were two dedicated medicines rooms and we found medicines were stored securely and storage facilities were clean and well organised. Suitable arrangements were in place for the storage of specific medicines that required cooler temperatures and checks were carried out on a daily basis to ensure the manufacturer's guidance was adhered to. Controlled drugs were stored safely in line with current best practice.

People who used the service were protected from abuse and avoidable harm by staff who had completed relevant training and knew how to keep people safe. Staff had a clear understanding of the different types of abuse that could occur and were aware of their responsibilities to report any poor practice they witnessed or became aware of. We saw from our records and information received from other agencies that the registered manager had responded appropriately when concerns had been raised.

Staff encouraged and supported people to maintain their independence and care was planned and delivered in a way that promoted people's safety and welfare. Potential risks to each person had been assessed and recorded. The risk assessments explained to staff what action they needed to take to protect the person and minimise the risks. Areas covered included risk of falls, poor nutrition, choking, risk of pressure damage and moving and handling people safely.

We also found equipment such as specialist beds and pressure relieving equipment was used if assessments determined these were needed. We found a person, recently admitted to the service, was unable to have a shower due to a lack of equipment provision to meet their bariatric [larger size] needs. The registered manager followed up the delay in provision during the inspection. Staff we spoke with understood the risks presented by people we asked them about.

The environment was seen to be safe for people who used the service. We saw the service was clean, tidy and well maintained throughout. Equipment used was maintained and serviced in line with manufacturer's instructions. We found risks in relation to the building were managed, with contingency plans in place for emergencies. We saw people had personal emergency evacuation plans, which provided staff with guidance in how to support people to reach safety quickly and efficiently when required. Staff had received training in how to move people safely, as well as in other health and safety subjects.

We saw accidents and incidents were investigated and appropriate action was taken to prevent their re-occurrence. For example, outcomes showed the involvement of healthcare professionals and the introduction of technology such as sensor mats to assist staff in monitoring people's safety. One person had been supported to move rooms where they could be more closely observed due to their high risk of falls.

Staff were recruited safely. The staff files we saw showed that prior to prospective staff being offered a role within the service a number of checks were undertaken. Interview questions and responses were recorded and gaps in employment history were discussed. References were requested and a Disclosure and Barring Service check was completed to ensure they had not been deemed unsuitable to work with vulnerable adults. Part of the recruitment process for qualified nurses included checking their professional registration status. The recruitment checks in place helped to ensure people were suitable to work in care settings.

We found there were sufficient staff on duty to support people's needs including giving them individual attention and engaging them in meaningful activities. At the time of our inspection 17 of the 44 people who used the service received funding for their nursing needs. The registered manager reviewed people's dependency and support needs on a weekly basis, which determined the staffing levels provided at the service. They confirmed they were currently reviewing the number of care staff on duty on the day shifts, to ensure this was adequate.

The staff rota's indicated there was a range of staff with different skills and roles. There were ancillary staff available, which enabled care staff to focus on care and support tasks. The registered manager explained the recruitment of qualified staff had been very positive, with all vacancies now filled. Staff turnover at the service was low. In discussions, staff considered the routines were busy at times but they always managed to support people's needs. Comments from staff included, "It's busy but there's usually enough staff on. It has been much better since the new nursing staff were recruited. The team work is really good now" and "Staffing levels are fine." A member of staff mentioned short notice staff sickness could be a problem at times. Checks on rotas and discussions with the registered manager demonstrated that bank and agency staff were used where necessary and when available, and the service staff also covered additional shifts. The registered manager confirmed they were tackling staff sickness robustly and records showed disciplinary procedures had been followed for persistent absence.

Good

Is the service effective?

Our findings

People who used the service told us they were supported effectively by competent staff. Comments included, "They are superb", and "If you need a doctor they get you one. I've got two key workers who look after me. The staff are well trained; they do in house training, like fire safety quite regularly." A relative said, "All the staff are good at what they do." A second relative commented, "We are very impressed with the staff, they are well trained and knowledgeable."

People told us they enjoyed the meals provided by the service. Comments included, "They come round every day and ask you what you want for breakfast, lunch and tea. There's always fruit and snacks to eat", "I've been here nine years the food here is fantastic, I had bacon sandwiches for breakfast" and "If you don't like the meal they will always find something to satisfy you."

People were supported by the staff and external health care professionals to maintain their health and wellbeing. The care plans we looked at showed staff made timely referrals to other health professionals for advice, care and treatment for people when required. In discussions, staff were clear about when to contact health professionals for advice and guidance; they gave examples of the signs and symptoms that would alert them to a person whose health was deteriorating. During the inspection we spoke with a visiting professional who told us, "The care of our patients here is very good. The staff always report any concerns or changes in the patient's health." Patient transport staff told us they visited the service to take a person for treatment three times each week. They confirmed the communication with staff was very good and the person was always ready for their appointment.

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). The registered manager showed us evidence that 18 DoLS applications had been made to relevant placing authorities and these were awaiting assessment and authorisation. The service was working within the principles of the MCA.

People's capacity to consent to care and treatment was assessed and recorded in the care plans. Best interest meetings were held when people lacked the capacity to make informed decisions themselves, which were attended by a range of healthcare professionals and other relevant people who had an interest in the person's care.

Staff displayed a good understanding of the MCA and DoLS. They were conscientious in seeking consent from people and understood the need for best interest decision making. Staff understood people had the

right to refuse care and in such situations, they would always consult with senior staff for further support and advice. Throughout the inspection we heard staff asking people what they wanted to eat, where they wanted to spend time, did they want staff to assist with personal care and other such questions to get people's permission before assisting anyone. One person told us, "They always ask me if I want any help, they're good like that."

People's nutritional well-being was assessed on admission and then each month. Their weight was recorded on a weekly or monthly basis depending on their nutritional risk. We saw dieticians and a specialist gastrostomy nurse were involved with some people whose nutritional intake was compromised or if they received nutrition through a tube directly into their stomach. These health professionals provided treatment plans and advice for staff and people who used the service.

People were supported to eat a varied and balanced diet of their choosing. There were menus displayed on the dining tables and a range of choices were offered at each meal. The cook confirmed they were aware of people's dietary requirements such as special diets, textured food, fortified meals and any allergies which we saw were catered for. They held records of people's nutritional needs and preferences in the kitchen. Menus were reviewed regularly following consultation with people. The cook described how they piped the pureed diets to ensure the meals were well presented.

We spent time observing lunch time on both floors. It was an enjoyable and inclusive experience for the people who used the service in both dining rooms. The tables were attractively laid with coordinated table cloths, place mats and napkins. We saw when people required assistance or prompting to eat their meals, staff sat with them and encouraged them to take an adequate diet. Hot and cold drinks and a range of general and fortified snacks were offered to people throughout the day. Fresh cold drinks, fruit, crisps and corn snacks were available in the dining room for people to help themselves.

Staff told us the training they received was thorough and they felt they had the skills they needed to carry out their roles effectively. The registered manager used a computerised training matrix to monitor the training staff had completed and when it required updating. The training record we viewed showed staff had completed a range of essential, general and service specific training. We found most staff were up-to-date with mandatory training, with staff booked on refresher courses. Training provided was a mixture of face to face training and e-learning. A competency framework was also in place and linked to the training and appraisal programmes. As part of the induction process for all staff roles, baseline competencies of all relevant skills, both generic and specific were achieved within appropriate time scales. The framework was reviewed each year.

The staff we spoke with said their induction training had included spending time learning about how the home operated and shadowing an experienced member of staff. New staff without previous experience were also required to complete the Care Certificate and records showed one member of staff had completed this course. The service supported staff to achieve national qualifications in health and social care and records showed 79% of staff had attained a qualification.

Staff were supported effectively by the registered manager and their peers. Staff received regular supervision and appraisal from their line manager. A member of staff told us, "We have regular supervision meetings and can discuss any concerns in team meetings. The manager is very approachable and deals with any problems we take to her."

We found the service was easy to navigate. We saw suitably positioned hand and grab rails had been located throughout the building. A new ramp into the garden had been provided to improve accessibility. People

who used the service and their relatives told us the service was very comfortable and well maintained. One relative said, "There have been a lot of improvements with the décor since [name of maintenance person] started here. He's put pictures and photographs up for us and [name of person's] room looks lovely. We found the service was well decorated and furnished and people had been consulted about the choice of décor for their room.

Good

Is the service caring?

Our findings

People who used the service told us staff were kind and caring. Comments included, "Everyone's so nice to me, and I'm very contented. I'd never like to go anywhere else. My daughter comes to see me regularly I can have visitors any time. People don't stand over you listening, it's private", "They take me for a shower or a bath, and they've got curtains round the bath. They do care and they are a great bunch", "There are no rules as such, we can get up when we want and please ourselves" and "Everyone is lovely and kind, nothing is too much trouble."

Relatives were complimentary about the staff team and their approach. Comments included, "They [the staff] always treat everyone with kindness and respect", "Mum told me the staff make her feel special", "The staff here are all very kind and caring. They go out of their way to make sure [Name] has everything they need and they are comfortable. The atmosphere is warm and friendly", "The staff are not intrusive at all when we visit" and "Washing and dressing is always carried out in their room. They [staff] put a sign on the door to indicate this and ensure their privacy is maintained."

We observed care workers interacting with people throughout the day. We saw care workers were polite and sensitive to people's needs. For example, they knocked on people's doors and asked if people were happy for them to enter. Staff were also observed speaking with people discretely about their personal care needs. Staff described how they upheld people's dignity and treated them with respect, they said, "It is important we respect people's privacy, this is their home and we need to treat people accordingly", "I always use people's preferred name. I make sure I have eye contact when I speak to people and take time to listen them" and "I treat people as I would like to be treated. I close doors and curtains if I am helping them with personal care."

We found information relating to people's care and treatment was treated confidentially and personal records were stored securely. We saw staff completed telephone conversations with health professionals or relatives in the privacy of an office when required.

Care workers showed patience and kindness as they helped people around the home, including taking them to the dining room or lounge. During interactions with people we noted care workers would chat about their interests or about their families. It was clear they knew about people's backgrounds, personalities, likes and dislikes. People had documents titled, 'My life story' in their care records which provided information about their background such as their family, work experiences and special memories. This helped staff to understand people's life history and what was important to them, even if they were no longer able to communicate this. We found people were comfortable in the presence of care workers and other staff at the home. We observed many instances of effective care and support including care workers providing support and reassurance to a person who was anxious and upset.

People were encouraged to maintain their independence. A member of staff told us, "I try and make sure people do as much as they can for themselves. Some people can wash themselves and choose what they want to wear. I will always ask if they need help." People who used the service looked well-presented and

cared for, their clothes and hair were well-kept.

People were supported to make their preferences for end of life care known and these were recorded where they had agreed.

We saw people were provided with a range of information. There were notice boards in the entrance and corridors with information about the organisation, quality improvements, inspection reports, activities and the organisation's ecological programme to save energy, recycle water and reduce pollution. The registered manager told us they had developed links with local advocacy services. We saw some people had been supported to use advocacy services to help them make important decisions.

People who used the service were encouraged and supported to develop and maintain relationships with people that mattered to them. Friends and relatives were able to visit at any time. Relatives said they felt welcome and had a good relationship with care workers and management. They told us they felt involved in decisions about the health and welfare of their family members and that communication between the service and themselves was positive. A relative said, "We can have a meal with mum here and they always offer us a drink. I get an invite to meetings where I can express any views or provide feedback and the manager is very approachable".

Good

Is the service responsive?

Our findings

People told us staff met their needs in the way they wanted them to and at the time they needed support. They told us, "They [staff] really get to know you. They come and talk to you when you first come in and find out what your likes and dislikes are", "They're so kind and attentive all the time. I am very happy with all the care" and "My care plan gets reviewed every year. We check everything is how I like it. I am very well looked after here; don't think I could find a better place."

Relatives told us the care was personalised and staff involved them in their family member's care. One person told us, "We have been involved in [Name's] care plans and in review meetings. We can discuss things with the nurses and the manager. They always listen to us and make any changes needed." Another person said, "I get involved with [name of person] and the activities going on. We have a review meeting every year."

We saw interactions between staff and people who used the service were good and focused on the individual needs and preferences of the person being supported. Care workers were responsive to people's needs and requests throughout our visit.

Each person had a care file which contained information about them and their individual care needs. The records contained a one page profile which gave staff an overview of the person's preferences, medical history and communication needs. The care files we sampled also contained needs assessments which had been carried out before people were admitted to the service. The majority of care records clearly outlined the care and support the person needed, along with information about how staff could minimise any identified risks. We found some inconsistencies with the recording and management of care support in relation to one person's wound care and another person's risk of choking. The registered manager took action during the inspection to confirm each person's current care needs and a new assessment by the community speech and language therapist was arranged for one person. Following the inspection we received confirmation that the relevant care records had been reviewed and updated.

There was also information in the care records about each person's preferences and their abilities, so staff knew the level of support needed and could therefore enable the person to maintain their independence. Care plans and risk assessments had been evaluated and updated on a regular basis.

Daily notes outlined how each person had spent their day, what care had been provided and any changes in their condition. Supplementary records were maintained of people's food and fluid intake and repositioning. Prior to the inspection we received information from a health professional that they had found the monitoring records for their patient's diet and fluid intake had not been adequately maintained and the concerns had been reported to the registered manager to address. During this inspection, we checked a range of monitoring records which showed overall they had been well completed. Although, we found one person's fluid and diet records were not completed consistently. The registered manager confirmed they were addressing the consistency of recording in all the care records and acknowledged some further improvements were needed.

The registered provider employed two activity co-ordinators who supported people with a range of individual and group activities each day. A weekly activity programme was posted on the notice board and detailed sessions were held each morning and afternoon. Group activities ranged from film afternoons, reminiscence, exercise groups, quizzes, games, Bingo, crafts, baking and pamper sessions.

Other activities people enjoyed included visiting entertainers and one to one sessions when they worked with people and their families on the 'Life Story' booklets about people's backgrounds, families and interests. One of the activity co-ordinators described how they had completed a variety of courses in meaningful activities for older people and regularly attended link meetings with other activity co-ordinators in the organisation to exchange ideas. During the inspection we observed people participated in a reminiscence quiz, watched TV, were knitting and read newspapers and magazines.

People told us they enjoyed the activities provided although some people mentioned there were no outings arranged. We mentioned this to the registered manager who confirmed the service no longer had a mini bus and they had experienced difficulties in arranging transport. Staff were currently arranging a picnic outing to a local park.

The registered provider had a complaints policy and we saw this was on display in the service. The document provided guidance on how to complain and what to expect as a result. Staff were familiar with the actions to take if they received a complaint or concern. The registered manager maintained a log of complaints and compliments. We found seven complaints had been recorded in the last 12 months and that the procedures had been followed effectively to resolve issues. Records also showed 14 written compliments had been received.

People and relatives we spoke with told us they knew how to raise concerns and would not hesitate to complain if the need arose. One person said, "If I have any concerns the manager comes to see me and sorts it out" and another said, "When we raised a concern, this was dealt with promptly."

Good

Is the service well-led?

Our findings

Relatives told us they felt confident in the way the service was managed. They told us, "The manager is always available when we visit and will talk with us at the earliest opportunity", "The management of the service is consistent. The new maintenance person is very good and has made a lot of improvements outside and in", "We have relatives meetings every three months and complaints or suggestions are taken on board and acted upon. We have seen on-going improvements" and "The manager is approachable and very pleasant."

The registered manager was experienced and had been managing the service for this registered provider for five years. Staff we spoke with were complimentary about how the service was run and said they were happy working there. One care worker described the registered manager as, "A good manager and very approachable." All staff we spoke with confirmed staff morale was good and they enjoyed working at the service.

The registered manager had recently employed a new deputy manager and along with the qualified staff and senior care workers, this ensured there was a clear staffing structure in place. All staff we spoke with confirmed they had a clear understanding of their roles and responsibilities and understood when they needed to escalate any concerns or issues.

Staff said they felt valued and well informed by the organisation. The registered provider had a number of reward schemes for staff, such as long service and 'GEM' awards, for staff who had been nominated for 'going the extra mile'. The registered provider produced a fortnightly staff newsletter and a weekly information bulletin for all staff on the Care UK computer system. This provided updates about guidance, policies that had been reviewed and any new legislation.

We spoke with the registered manager about the structure of the organisation, the support systems in place and the culture and values of the registered provider. The registered manager said she felt well supported by the organisation and the senior management team. The registered manager had opportunities to attend a regional meeting for managers each month and local provider forum meetings. They described the values of the service as focussing on person centred care and supporting people to continue be as active and independent for as long as possible.

We found more effective communication systems and team work were now in place. All the staff we spoke with confirmed the team ethos was much more positive; the recruitment of permanent nursing staff and a significant reduction of agency staff usage at the service had been the main contributing factors. The handover meetings on the different floors were now consistent and provided staff with a full account of each person's needs and any changes in their care support.

There were regular group and individual staff meetings, which were used to keep staff up to date and to reinforce the values of the organisation and how the registered manager expected staff to work. Records also showed the meetings were used as a forum for sharing their ideas and views. Staff confirmed

expectations of team working had been discussed at team meetings and in one to one meetings with their line manager.

We sat in on the 11 at 11 meeting [an 11 minute discussion between senior staff and management at 11am]. This was held on a daily basis to share information about any changes in people's needs, incidents, complaints, menu changes, activities, professional visits, maintenance issues and confirm the 'resident of the day.' The resident of the day was an initiative to focus on a different person each day; the heads of department met with them or their relatives to make sure they were satisfied with the service they received and to generally spend quality time with the person. It also meant that the person's care records and dietary needs were reviewed, maintenance checks of their room were completed and their room was given a deep, spring clean.

There were a range of processes in place which enabled the registered provider to receive feedback on the quality of care provided at the service, this included regular meetings and satisfaction surveys for people who lived within the service and their relatives. We saw the results of this consultation were published on the notice board in the entrance area, entitled 'You said-we did'. A request had been made for a communal phone so people who used the service could contact their family and a mobile phone had been provided for people's use. This showed people's comments were used to improve the level of service whenever possible.

There was a monthly audit schedule which covered areas such as health and safety, infection prevention and control, documentation, nutrition, activities, Mental Capacity Act 2005, tissue viability, medicines and dementia. We found where shortfalls were identified action was taken to make improvements. We found the audits of medicines management had been completed regularly to ensure good practice continued. Audits showed any shortfalls were addressed when identified. Although there had been an oversight over the previous bank holiday weekend, which had resulted in some stock control issues, there was good evidence from records and discussions with senior staff that this was a 'one off event' and the systems had previously been robust and consistently well-managed. The registered manager confirmed they would continue to review and check the quality of care records on a regular basis to ensure a consistent standard.

An external health and safety audit had been commissioned by the registered provider in October 2016 and the score achieved by the service was 56%. We found a number of recommendations had been made and these had been ranked in order of priority in relation to the level of concern. Only one of the recommendations had been rated as 'high,' a risk assessment was required for the pond in the garden and this was now in place. The registered manager confirmed, and records showed, they were working through all the areas of improvement.

Incidents and accidents were monitored at service level and through the registered provider's clinical governance team. Information was analysed and monitored in areas such as falls, medicine errors, acquired infections, pressure ulcers, safeguarding referrals, hospital admissions and any death that had occurred. The registered manager shared learning from incidents and complaints with staff in order to change practice and we saw evidence of this.

We saw the registered provider and registered manager were aware of their responsibilities in notifying the Care Quality Commission and other agencies when incidents occurred that affected the safety and wellbeing of people who used the service. We received these notifications in a timely way.