Hadrian Healthcare (Knaresborough) Limited

The Manor House Knaresborough

Inspection report

1 Hambleton Grove
Knaresborough
North Yorkshire
HG5 0DB

Tel: 01423797555
Website: www.hadrianhealthcare.co.uk

Date of inspection visit:
21 December 2016

Date of publication:
20 March 2017

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The Manor House Knaresborough provides residential accommodation and personal care for up to 75 older people, including people living with dementia. The service was registered in December 2015. Accommodation, care and support is provided in a modern, purpose built building, over three floors. At the time of our inspection there were 65 people at the service.

This comprehensive inspection took place on 21 December 2016 and was unannounced. This was the first inspection of the service since registration. The inspection took place over one day.

There was a registered manager in place. 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 told us they felt safe at the service. Staff were confident about how to protect people from harm and what they would do if they had any safeguarding concerns. There were good systems in place to make sure that people were supported to take medicines safely and as prescribed. Risks to people had been assessed and plans put in place to keep risks to a minimum.

There was a sufficient number of staff on duty to make sure people's needs were met. Recruitment procedures made sure staff had the required skills and were of suitable character and background.

Staff told us they enjoyed working at the service and that there was good team work. Staff were supported through training and team meetings to help them carry out their roles effectively. Staff were led by an open and accessible management team.

The registered manager and staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS are put in place to protect people where their freedom of movement is restricted. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us staff were caring and that their privacy and dignity were respected. Care plans were person centred and showed that individual preferences were taken into account. Care plans gave clear directions to staff about the support people required to have their needs met.

People were provided with sufficient amounts of food and drink to maintain their health and well-being. People were supported to access external services, such as a doctor, when needed.

People's needs were regularly reviewed and appropriate changes were made to the support they received.

People had opportunities to make comments about the service and how it could be improved.

The environment was clean, modern and spacious. Consideration had been given to people living with dementia in the way the furniture and fittings were organised.

The registered manager had good oversight of the service and had a clear vision for the future. The registered manager had made improvements at the service since they started in post. There were systems in place to look at the quality of the service provided and action was taken where shortfalls were identified.

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.

There was safe management of medicines which meant people were protected against the associated risks.

Staff were confident of using safeguarding procedures in order to protect people from harm.

Risks to people had been assessed and plans put in place to keep risks to a minimum.

There were sufficient numbers of staff to meet people's needs. Recruitment procedures made sure that staff were of suitable character and background.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the knowledge and skills necessary to carry out their roles effectively.

Staff understood the requirements of the Mental Capacity Act 2005 and relevant legislative requirements were followed where people's freedom of movement was restricted.

People were supported to maintain good health and had access to external services, such as a doctor or other professionals as needed. People were provided with sufficient amounts of food and drink.

Is the service caring?

Good

The service was caring.

People told us they were looked after by kind and caring staff. Staff were enthusiastic and had time to socialise with people.

People, and their relatives if necessary, were involved in making decisions about their care and treatment.

People were treated with dignity and respect whilst being supported with personal care.

Is the service responsive?

Good

The service was responsive.

People received personalised care. Care and support plans were up to date, regularly reviewed and reflected people's current needs and preferences.

People knew how to make a complaint or compliment about the service. There were opportunities to feed back their views about the service.

Is the service well-led?

Good

The service was well-led.

The registered manager had good oversight of the service and had plans in place to make improvements. Staff told us that the management team was supportive.

There was a positive, caring culture at the service.

There were systems in place to look at the quality of the service provided and action was taken where shortfalls were identified.

The Manor House Knaresborough

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.

This was the first inspection of the service which was registered with the CQC in December 2015. This inspection took place on 21 December 2016 and was unannounced. The inspection was carried out by two adult social care inspectors, a specialist advisor 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 we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the registered provider had informed us about. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). The PIR 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.

Prior to the inspection, we sought feedback from North Yorkshire County Council Quality Monitoring Team and Healthwatch.

During this inspection, we looked around the premises, spent time with people in their rooms and in communal areas. We looked at records which related to people's individual care. We looked at ten people's care planning documentation and other records associated with running a care service. This included six recruitment records, the staff rota, notifications and records of meetings.

We spoke with nine people who received a service and five visiting relatives. We met with the registered manager and deputy manager. We also spoke with ten care staff, the activity coordinator, head chef and a

maintenance person.

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.

Good

Is the service safe?

Our findings

The people we spoke with told us they feel safe at the service. One person said, "I feel safe because I have an alarm in my room and one that can go around my neck". A visitor described how their relative had had six falls since being admitted to the service. They explained that the doctor had been called each time and every fall was documented in the care plan. They told us, "The staff look after [Name] and keep them safe; [Name] is looked after 24 hours a day. I can sleep at night knowing he is safe".

Staff had received training in keeping people safe, and they told us they were confident about identifying and responding to any concerns about people's safety or well-being. There were up to date safeguarding policies and procedures in place which detailed the action to be taken where abuse or harm was suspected. Records showed that any incidents or accidents were logged and appropriate action taken. Accident reports went to the registered manager to review and assess if further action needed to be taken. Any serious incidents or concerns had been reported to other authorities as required.

Care plans held up to date risk assessments for people who used the service. These included the physical risk associated with mobility, falls, skin care, pressure areas, and nutrition. Risk assessments were also in place around people's wellbeing, routines and relationships with others. This included issues relating to behaviour resulting from distress associated with people living with dementia. Risk assessments contained information for staff to minimise risk, whilst respecting the person's individuality, wellbeing and human rights.

Records showed that people had personal emergency evacuation plans. This meant that staff were aware of the level of support people required should the building need to be evacuated in an emergency. People were provided with call bell pendants, if appropriate, which meant that they were reassured they could call for help when moving around the building.

The registered manager took steps to make sure the environment was safe. The service had generalised risk assessments associated with ensuring the health and safety of people using the service, staff and visitors. The fire alarm system was regularly checked to make sure it operated effectively and there were up to date inspection reports for electrical wiring and gas safety. We spoke with the member of staff responsible for maintenance. They showed us records which demonstrated repairs were carried out promptly. They told us, "The company is very good at providing the funds to get things done. They have a high standard". The Operations Manager for Health, Safety & Estates visited at least monthly and undertook safety reviews in respect of the environment and the service. We saw that the environment was clean, bright, modern and suitable for purpose.

The registered manager closely monitored people's weight to identify if there had been any changes. Where concerns had been identified, we saw that action had been taken, such as referral to a dietician or food and fluid monitoring. The registered manager also reviewed the falls people had had each month and, where a high risk had been identified, updated the care plan and involved other professionals as needed. We saw that there had been a marked reduction in falls at the service since July 2016.

There were sufficient numbers of staff to meet people's needs and keep them safe. The registered manager told us the service was currently overstaffed, with the agreement of the registered provider. This was so that the service had the resources needed for the registered manager to drive improvement. They added that they kept agency staff use to a minimum and currently only used 36 hours to cover night shifts during the week.

The registered manager explained they did not use a dependency tool to determine staffing levels. However, there were plans to introduce a formalised dependency tool in the future to work out how many staff were needed. The new tool will include a way of analysing individual needs and take into account the building lay out. At the time of the inspection, there were a minimum of thirteen care staff on duty during the day, including a senior member of staff on each of the three floors. At night time there were six care staff, including a senior member of staff. Care staff were supported by ancillary workers including domestics, cooks and maintenance staff.

Staff we spoke with told us there were enough staff on each shift and this enabled them to undertake their work in a calm and relaxed way.

We reviewed six staff recruitment files and saw staff completed an application form which was discussed at interview. Interview notes were recorded and included questions which assessed people's skills, knowledge, experience and values. References were sought prior to employment and checks were carried out on each applicant's suitability for the position. A criminal background check was provided by the Disclosure and Barring Service (DBS). The DBS is a national agency that holds information about criminal records. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people.

We checked the systems in place to ensure people received their medicines safely. The service used a monitored dosage system (MDS) with a local pharmacy. This is a monthly measured amount of medication that is provided by the pharmacist in individual packages and divided into the required number of daily doses, as prescribed by the person's doctor. It allows for simple administration of medication at each dosage time without the need for staff to count tablets or decide which ones need to be taken and when.

Each person's medication administration record (MAR) had a photograph of the person and details of any allergies they had. We sampled these records and saw that medicines had been administered as prescribed. The temperatures in the medication room and refrigerator, used for the storage of medication, were recorded daily to ensure medicines were kept at the correct temperature.

We checked the systems in place for the safe storage of drugs liable to misuse, called 'controlled drugs', and saw they were stored in an approved wall mounted, metal cupboard and a controlled drugs register was in place. We completed a random check of stock against the register and found the record to be accurate.

We saw appropriate 'as required' medication procedures, which identified when and in what circumstances medication should be administered. Topical creams were applied and their application was included on a body map and on the MARs. A small number of people looked after their own medicines and this was monitored for proper usage and for reordering.

We checked records which confirmed that staff had received appropriate medicines training and were assessed as competent by a manager before being able to administer.

Good

Is the service effective?

Our findings

Staff received the support they needed to provide effective care. People and visiting relatives said they were confident that staff had the skills and knowledge to care for them. The staff we spoke with told us they felt supported and that there was good teamwork. Staff feedback included, "I like it. There's a relaxed atmosphere. Staff get on well together", "Staff work well as a team" and "I feel supported. There is a good work/life balance".

Staff got the training they needed to work effectively and for their own professional development. This was confirmed by the staff we spoke with. The care staff who supported people who were living with dementia, had training in this topic to develop their skills and general awareness. The registered manager was keen to source best practice training and described a new accredited moving and handling course for staff as "The best in the country". New staff members received a suitable induction when they started working at the service. This included shadowing other staff and attending key training sessions. This was confirmed by a new member of staff, who told us "I had all my training during induction. I shadowed other staff for four, 12 hour shifts, getting to know the routine".

Care staff had opportunities to discuss any work issues in a confidential meeting with a manager. The registered manager acknowledged that individual meetings with staff had not happened as often as they would like. They explained, "A lot of staff are very new and I have concentrated on more group supervisions and staff meetings. Going forward into 2017 I will be carrying out supervisions with all staff and make sure that everyone gets a minimum of six in the year including annual appraisals". The care staff we spoke with all told us they felt supported in their roles.

At the end of each shift, staff completed a handover, to pass on important information to staff who had arrived on duty. This included details of any visiting professionals, admissions, staffing issues, incidents and updates on care and support. This meant that there was a system in place for making sure information was passed on effectively.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager and staff were aware of the principles of the MCA and DoLS procedures. One member of staff explained, "I have training in dementia which included mental capacity. I understand how this applies." DoLS referrals and authorisations had been made as required where people were restricted in

their movements. The registered manager told us that 30 DoLS applications had been made, and so far, 12 had been authorised. Where appropriate, care records contained a copy of any Lasting Power of Attorney in respect of another person having authority to make decisions about a person's health and well-being, finances or both.

People were supported to have sufficient amounts of food and drink to maintain their health and well-being. We observed that people had access to snacks and drinks throughout the day.

Where there were concerns about weight or food intake, support was provided by the local Speech and Language Therapy (SALT) Team. For those people at nutritional risk, a professionally recognised assessment tool was used to monitor weight loss and prompt appropriate action. Methods of recording and monitoring food and fluid intake were being used. We saw people had food and fluid charts and these were recorded accurately. Fluid charts included a target amount for the day and the charts we looked at showed a good amount of fluid had been provided by lunchtime. A member of care staff explained that any issues with people's fluid intake were noted at handover and in daily notes. If the target was not met it was noted in red on the chart for the next day. We saw this being used in practice.

Staff told us they weighed people regularly and those with significant weight lose were referred to specialist health professionals. A visiting relative told us that when their relative first came to the home they were not eating very well, so staff got the dietician in to help. They added, "[Relative] now eats very well. Their weight is back to where it should be. They look a lot better now". Care staff on each unit were provided with a list of people's dietary needs and whether they required any special diet. The head chef told us, "We have little weight loss here now. We have a fortified food chart and give fortified milkshakes in the afternoon. I get feedback about people's weight management".

We observed the lunchtime experience in two of the units. The atmosphere was relaxed and pleasant. Staff offered assistance where needed and took time to support people at their own pace. Meals looked appetising and people were offered a choice. We observed one person did not like liver and bacon and was offered an alternative, which they also declined. A sandwich was then offered and this was enjoyed by the person. People told us they enjoyed the food. One person commented, "I always eat the food. It's nice".

The head chef had been at the service for four months. They had a good understanding of people's dietary needs. They were aware of the needs of a person who had been admitted the day before. They explained, "I meet new [residents] and go through their preferences. I review this every six months. One person is gluten/dairy intolerant so we buy gluten free and dairy free products separately for them". They were able to describe how they responded to people's requests, saying, "There is a book on each floor for people to comment in. I got feedback that vegetables were too hard. Now we steam them a bit longer. Also, we cut the crusts off sandwiches following feedback".

People were supported to maintain their health and had access to health services as needed. Support plans contained clear information about peoples' health needs. Some of the people who used the service had complex health needs and we saw that the service made effective use of advice and support from other professionals. The service had good links with the local community nursing service, doctors and other health specialists. We received positive feedback from those we spoke with. The care plans we looked at reflected the advice and guidance provided by external health and social care professionals. This demonstrated that staff worked with healthcare and social care agencies and sought professional advice, to ensure that the individual needs of the people were being met, to maintain their health and wellbeing.

We looked round the service and saw consideration had been given to people living with dementia in the

way the furniture and fittings were organised. We saw colour contrasting and sign posting advised by prominent dementia care specialists. We saw bedroom and other furnishings were dementia friendly and suitable for people who used the service.

Good

Is the service caring?

Our findings

People and their relatives gave positive feedback about a caring service and kind staff team. Comments included, "It's as good as anything I've been to", "I'm very happy here. I get taken down to the lounge when I want to, and any help I need is given to me", "Staff are very polite and caring and treat [Relative] with respect" and "I am happy living here and like the staff very much".

During the day we saw visitors coming and going; they were offered a warm welcome by staff.

Some people who had complex needs were unable to tell us about their experiences in the home, so we spent time observing the interactions between the staff and the people they cared for. Our use of the Short Observational Framework for Inspections (SOFI) tool found staff interactions were positive and benefited people's wellbeing. Discussions with staff showed a genuine interest and a very caring attitude towards the people they supported. We particularly noted staff also interacted with people who appeared or preferred to be quiet. This made sure people did not feel isolated. Staff used both verbal and non-verbal communication to reassure people and they approached people in a friendly manner and smiled.

A member of staff told us, "We treat people as individuals. People choose when they want to get up. They can sleep when they want and stay up as long as they like. They live here – it is their home". Another care staff explained, "There's no 'regime'. People have choices. They do what they want. They added, "People have interesting lives. We get time to chat with them".

We spent time in the communal areas of the home. There was a calm, positive atmosphere throughout our visit. We saw that people's requests for assistance were answered promptly. Throughout the visit, the interactions we observed between staff and people who used the service were friendly, supportive and encouraging. Staff approached people in a sensitive way and engaged people in conversation, which was meaningful and relevant to them.

We saw good examples of staff treating people with respect and having time to stop and socialise. For example, during the afternoon we observed one care staff chatting with a person about the local area. It was a casual, friendly chat and the member of staff took a genuine interest in what the person was saying. We also saw a staff member playing a board game with one person. They supported the person with clear instructions on how to play, and gave encouragement to throw the dice. When the person managed to do this they were clearly pleased with themselves.

Other staff who worked at the service also described how they had opportunities to talk with and engage people in conversation. The staff member responsible for maintenance, who was clearly popular with people who used the service, told us, "I attend resident meetings. The residents wanted me there. I like talking to residents, finding out about their history. I'm aware that a new person arrived recently and I really want to talk with them".

Our observation during the inspection was that staff were respectful when talking with people. Staff referred

to people using their preferred names. Staff also knocked on people's doors and waited before entering. They made sure that doors were closed before assisting with personal care. People had 'do not disturb' signs on their door which they could use if they wanted. This protected people's privacy and dignity.

We talked about equality and diversity with the registered manager. They explained that the pre-admission assessment form asked for information about culture, religion and sexuality. There was also a section in the care plan to show that equality issues had been considered. The registered manager told us they had made links with local churches and a monthly communion was held at the service. They described how one person, who was Roman Catholic, had stressed that a priest was needed for their last rites. This was arranged for them. We noted that staff had received training in equality and diversity. The registered manager said that they promoted dignity through training, as well as reminding staff about dignity good practice by displaying information around the service, such as in the lifts.

The service supported people with end of life care where this had been agreed with people or their relatives. Care staff had received training in this area in order to provide appropriate care and support, as well as better understand the needs and emotions of people who were approaching the end of their lives.

Good

Is the service responsive?

Our findings

The registered manager explained that everyone was assessed prior to admission, to make sure the service was able to meet the person's needs. They told us they also gave consideration to the current resident group and the impact the prospective person's needs may have on this.

We spoke with the relatives of one person who had been recently admitted. They told us they found the experience of admission, "Fine" and added, "Staff stayed late when [Relative] came in. We went through all the information. I have been made welcome by staff. They have been sensitive". We noted that the pre-admission information had been added to this person's care plan so that staff had the information they needed to support them properly.

People received person centred care which was responsive to their needs. Person centred care is about treating people as individuals and providing care and support which takes account of their likes, dislikes and preferences. We reviewed people's records and saw they were very detailed and person centred. The information recorded reflected values associated with the person and their wellbeing. People's health and social care needs were detailed in terms of the impact this had on their wellbeing.

The care plans we looked at were up to date and reviewed as necessary. Areas covered included health, nursing needs, mobility, personal care and medicines. There was a clear picture of peoples' needs and how they were to be met. People and their relatives were involved in assessments and reviews and the service took appropriate action where changes in needs were identified. One relative described how they were involved with the care plan and said, "They always talk to me first before any changes are put in place. I come every day and if any changes needed to be made I will be asked about it first".

Each person had a 'Getting to know me' section at the start of their care plan. This gave information about the reason for admission to the service, as well as some personal history. This gave staff a useful insight into the background of people so that they had a better idea of their personality, likes and dislikes.

We spoke with the activity coordinator about the range of activities available to people who used the service. They told us that something went on every day in December. There was a music therapy session every Monday and the organisers of this visited people who stayed in their rooms who were at risk of isolation. Other activities included a monthly exercise class and entertainers coming to visit the service. On the day of our inspection, there was a carol service in the reception area, which was enjoyed by a lot of people. There was plenty of communal space at the service, and we observed throughout the day, people choosing to sit where they wanted, on their own, or with relatives and friends. A bar in the lounge downstairs was staffed all day so that people and visitors could sit in comfort and enjoy a drink of their choosing. In addition, a library area was available with a range of books for people to read. The service also provided 24 hour internet and computer access for people if they wanted to go online.

There were opportunities for people to participate in the local community. The activities coordinator described how they supported people to get into the town each week. There were also occasional trips out,

such as a recent trip to Yeadon for fish and chips. The registered manager talked about one person who had formed a bond with her dog, which she sometimes bought into the service. They said this had really helped the person's independence. We spoke with this person who said, "He (the dog) has made such a difference to me. I can get out on my own now. He knows when I am not well and will bring me back".

The people and relatives we spoke with all knew how to complain and who to go to if they had a concern. They knew who the registered manager was and felt they could approach them with any problems they had. People told us that they felt they would be listened to and action would be taken. One visitor told us that if there were any concerns about their relative's care, they would go to the senior care worker. They pointed at the senior and said "She will listen to me and things will get done".

We looked at the record of complaints received over the last year. Each complaint was clearly recorded, together with a summary of the action taken, response and closure date. All complaints had been responded to in writing by the registered manager. Responses were sensitively written and detailed. For example, a complaint from a doctor had been followed up with a detailed letter of the investigation. A complaint from a relative had a written response into all the concerns raised, and it was clear that action had been taken to make improvements.

Good

Is the service well-led?

Our findings

The registered manager had been in post for six months. They acknowledged that there had been a lot of problems at the service when they first started, but felt that care practice had improved. We were aware that there had been a higher than expected number of safeguarding alerts during the summer months in 2016. The registered manager explained that the service had been through a difficult period before she took over. One of the issues, at that time, was related to the behaviour of one person who used to live at the service, but who had now moved.

The registered manager spoke knowledgeably about the service and had a clear understanding of the requirements of the Regulations. We were impressed with the registered manager's awareness of each person's needs. They were able to respond to our questions about individual people's care and support promptly and without reference to records. They were aware of areas of practice that could be improved and had taken action to make positive changes since starting at the service. For example, recruiting permanent staff and reducing the use of agency staff use.

People who used the service and relatives were all positive about the management of the service. A visiting relative told us, "She listens to me. She gets things done. She knows [Relative] and she knows me. I have a lot of confidence in her". They went on to say things had got better since the new registered manager had arrived.

The staff we spoke with were also positive about the management of the service and confirmed that there had been improvements since the registered manager started. Comments included, "I feel supported. The manager is lovely, very open. If I ever have a problem I can talk to her. She often walks the floor and asks how we are", "I really enjoy it. Things are better" and "Support is good from the management. If I have to speak to the manager she always listens and has an open door. I feel she would act upon an issue straight away. She wouldn't let anything linger".

Throughout the inspection, we observed the registered manager engaging with staff and people who used the service. It was clear that people were familiar with the registered manager and enjoyed her company. The registered manager spoke with people with warmth and humour, at one point entertaining people in the downstairs lounge with an impromptu Irish jig, much to people's enjoyment.

The registered manager spoke passionately about their aims and ideas for the service, and told us, "We provide a person centred, homely environment within a five star hotel standard. When I started the district nurse did not like the place. It has taken months to get them on side. Over the last six months, staff morale has been very low. No one knew what was going on. I like to be out on the floor, helping where needed and boosting staff morale. I want it running perfectly. I know there are still problems but I feel like we are getting there". They told us they received good support from the registered provider. "The support from Head Office is outstanding. The operations manager is here regularly. There are no issues with budgeting".

There were plans in place to continue making improvements and to develop new ways of working in a

person centred way. The registered manager told us, "We have lots of exciting things planned for next year. My project for the New Year is the 'resident experience training' that I'm going to do. This is something I have adapted from my previous service, where staff will be treated like residents, being fed, putting support stockings on, sitting in wet pads with no call bells and then treated in a nice, person centred way in the afternoon. Its amazing training that really hits home". The service had made good links with the Alzheimer's Society and the registered manager talked about developing a closer relationship with Dementia Forward, an organisation that supports people living with dementia and their carers. The registered manager explained, "They have offered to come and carry out a relative's support/training session". Another plan for the future was to build an allotment in the garden for people to use.

There were systems in place to monitor and review care practices in the service. An Operations Manager visited the service every week and the registered provider also carried out a formal monthly service review. After each review an action plan was put in place to make sure any shortfalls identified were rectified. The registered provider took steps to be involved with the service and had attended three staff meetings last year. In addition, the Managing Director and Chairman had attended a 'resident and relative' meeting.

The registered manager had a schedule of audits for different areas of practice. This included audits of care plans, medicines management and infection control. Audits clearly identified if there were any actions needed to make improvements and showed when these had been completed. We noted that all the records we looked at were well maintained and ordered, and kept up to date. Confidential records were kept securely as necessary.

There were opportunities for people who used the service, relatives and staff to feedback their views and the provider took appropriate action in response. There were regular 'resident meetings' to which relatives were invited and these were well attended. At the last meeting in October 2016 we saw that one person suggested a tablet computer for use by people so they could make Skype calls. The registered managed had since provided two laptops and wifi was available throughout the service. There was also a request for a post box, which had now been provided. This showed the registered manager listened to people's views and acted on them.

The provider carried out an employee survey in September 2016. This showed that staff had concerns about the level of training they had received. An action plan was in place and records showed this had been discussed in team meeting. We noted that training had improved since that time.

Team meetings took place every month during the summer. However, these were now less frequent as the service had improved. Minutes of the last team meeting in November 2016 showed that an action plan was produced which would be reviewed at the next meeting. There were a number of other meetings which took place in the service, for example, a kitchen meeting and health and safety meeting. These meetings assisted the registered manager to have a good overview of what was happening at the service.