Care Quality Commission

Knights Care Limited

Ladysmith Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection was undertaken on 28, 29 May and 1 June 2015 and was unannounced. This was the first inspection of this service under this registered provider.

Ladysmith Care Home is registered with the Care Quality Commission [CQC] to provide accommodation for up to ninety people who require nursing or personal care. The service can provide support to people who are living with dementia, older people and younger adults. There are five separate units, two units on the ground and three on the second floor. The units on the ground floor provide residential care. Those on the second floor provide care to people living with dementia and a short stay assessment unit. There is a car park for visitors to use. Staff are available 24 hours a day to support people.

This service has 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'.

Summary of findings

Registered persons have the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood how to protect people from harm and abuse. They knew how to report abuse and told us they would report issues to the manager and the local authority, or directly to the Care Quality Commission.

Staffing levels within the service were increased during the inspection process. We observed that the staff were very busy and were under pressure. This was discussed with the registered provider and registered manager and they immediately took action to increase the staffing levels throughout the service from 1 June 2015.

Some people's care records did not reflect their full and current needs. The registered provider was aware that people's care records needed to be updated and reviewed and this process had commenced for everyone living at the service. People's care needs were being transferred to the new providers care records and a full review of everyone's care was in progress. Extra staff were being brought in to complete the reviews by the end of August 2015. We have asked the registered provider to complete this transfer and assessment process within these dates.

Staff knew people's needs well and were aware of risks to their health and wellbeing. Staff placed their emphasis on providing care and support to people.

Training was provided for staff in a variety of subjects, supervision was in place and appraisals were being scheduled. This helped to support the staff and maintain and develop their skills.

People were provided with home cooked food, the meal time experience provided for people was being reviewed to see if it could be improved. People's food and fluid intake was monitored, where this was necessary to maintain people's health. People were prompted or assisted with meals and drinks by patient and attentive staff who understood people's dietary needs and preferences.

Visiting health care professionals told us that staff contacted them in a timely way and acted upon their advice to promote people's wellbeing.

Pictorial signage was in place throughout the service which helped people find their way around. People's bedrooms were personalised to their needs. Refurbishment plans were in place for the whole building. This work was to be carried out in stages to redecorate and replace worn furniture and carpets. The building was maintained and service contracts were in place. There had been issues with one passenger lift, this was being addressed.

People's privacy and dignity was respected by staff. People made decisions about how they wished to live, where they could. People were asked by staff about the support they wanted to receive. Staff supported people to decide what they wanted to do and how they wished to spend their time.

There was a complaints procedure in place. The registered manager undertook regular audits covering all aspects of the service. There were plans in place to change the care documentation, review the mealtime experience for people and continue to review the staffing levels provided.

People's views were asked for by the registered manager, registered provider and staff. Information received was reviewed by the management team to help them to develop or improve the service provided.

We have made recommendations in this report for the registered provider to consider in relation to Deprivation of Liberty Safeguards and re-writing and reviewing people's care records.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

People's safety was maintained. However, staffing levels were increased during the course of our inspection because staff were very busy. Staffing levels should continue to be monitored and reviewed.

Staff knew how to recognise the signs of potential abuse and knew how to report issues which helped to protect people from harm.

People told us they felt safe living at the service. Staff knew about the risks present to each person's health and wellbeing.

Medication systems in operation were robust.

Is the service effective?

Requires Improvement

The service generally effective. Staff effectively monitored people's health and wellbeing and gained help and advice from relevant health care professionals.

People's mental capacity was assessed and was under review to ensure people were not deprived of their liberty. Applications for Deprivation of Liberty Safeguards were not always submitted to the local authority in a timely way to help to protect people's rights.

People's dietary needs were known and were reviewed. People who needed their nutritional needs monitored were kept under observation so that their nutritional needs could be met.

Staff were skilled and experienced at meeting people's needs. Training was provided to develop and maintain the staff's skills.

Is the service caring?

Good

The service was caring. People were treated dignity, respect and kindness.

Staff were knowledgeable about people's needs, likes, dislikes and interests.

There was a welcoming and caring atmosphere within the service. People held friendly banter with staff.

Staff attended to people in a gentle and enabling way to promote their independence and choice.

Is the service responsive?

Good

The service was responsive. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

People's preferences for activities and social events were known by staff. Staff engaged with people in planned and spontaneous activities.

Summary of findings

A complaints procedure was in place. People could make a complaint if they wished. Issues raised were dealt with appropriately.

Is the service well-led?

Good 

The service was well led because the registered provider took timely action to resolve issues that were identified. The home had a registered manager in place.

The ethos of the home was positive. People living at the service and their relatives were asked for their views and these were listened too.

Staff we spoke with understood the management structure and said they could speak with the registered manager at any time.

The auditing systems in place had been newly implemented, additional information was being added into this process to ensure the quality of the service could be maintained or improved.

Ladysmith Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the 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 inspection took place on 28, 29 May and 1 June 2015 and was unannounced. On the first day two social care inspectors were present with an expert by experience. The second and third days were undertaken by one adult social care inspector. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we looked at the notifications on file and reviewed all the intelligence the Care Quality Commission [CQC] had received to help inform us about the risk level for this service. This information was reviewed to help us make a judgement. We spoke with the local authority and their safeguarding team prior to our visit regarding information they had received about this service. There were no safeguarding issues being investigated at the time, although in the months prior to this inspection a number of safeguarding issues had been raised but had not been substantiated.

We used a number of different methods to help us understand the experiences of the people who used the service. A Short Observational Framework for Inspection [SOFI] was used to help us understand the experiences of people who used the service who were unable to tell us their views.

During our inspection we undertook a tour of the building. We used observation to see how people were treated in the communal areas of the service. We inspected the medicine systems and observed medicine rounds throughout the service. We watched lunch being served on three units. We looked at a variety of records; this included six people's care, medicine records for people on each unit, as well as records relating to the management of the service, policies and procedures, maintenance, quality assurance documentation and complaint information. We also looked at staff rotas, four staff files which included training and supervision records and information about staff recruitment.

We spoke with the registered manager, fifteen staff and the relief cook. People living at the service were spoken with and we interviewed seven people in detail. Three relatives and visitors were spoken with. We asked three health care professional for their views when they visited people who were living at the service.

Requires Improvement

Is the service safe?

Our findings

People we spoke with said they felt safe living at the service. Comments included: "It is safe here, I can lock my door." "Yes, if I want anybody I press my bell." "Yes, staff are around." "Staff are excellent. They are all kind and helpful." This person went on to say there were staff shortages, but when we asked them if they had to wait for care, they said, "No". And "Always get medicines on time and the right ones."

We received mixed comments from people about the staffing levels at the service, some comments were positive others not so. For example: "All is okay." "I think staffing levels are pretty good." "Not enough staff. Sometimes after breakfast I need the toilet they [staff] say to me to wait whilst they finish getting people up."

A visitor we spoke with said they felt people were safe at the service. They said, "Security is very good, good security at the door." They did not comment about staffing levels. One relative did say if they brought their relation back from being out sometimes they did not see any staff. They had been informed that staffing levels were increasing.

When we spoke with staff throughout the service about the staffing levels provided we were told that they were very busy. They said if staff phoned in sick at short notice staffing levels could be reduced because it was not easy to get replacement staff at short notice. The staff told us how people's needs varied daily especially for people living with dementia and mental health needs. They said people received the support they needed but that this meant they did not have much time to spend with people. A member of staff said, "Even though it is hectic, no one misses out on care. We try and staff up on the mornings, if we have not been able to do something we pass it on to the next shift." Another member of staff said, "I wish there were a bit more staff. We are very busy, no one comes to harm, we are a good team and we manage it."

We observed that staff were very busy and there were few activities occurring. Although we saw that staff were attentive they did not have quality time to spend with people. We reported our observations to the registered manager and registered provider at the beginning of our inspection. Following our discussion action was taken immediately to increase the staffing levels throughout the service. After the staffing levels had been increased we spoke again with the staff. A member of staff said, "The staffing levels are good." Another said, "It is brilliant, I am so happy, it is relaxed."

We found that the registered provider had effective procedures in place for protecting people from abuse. Staff we spoke with were knowledgeable about the types of abuse that may occur and knew what action they must take to protect people. A member of staff said, "I have had safeguarding training. I would raise issues." Staff undertook regular training about safeguarding vulnerable adults and there was a whistleblowing policy [telling someone] policy in place to help advise the staff.

The registered manager reported safeguarding issues to the local authority and assisted in investigations when issues were raised. A number of safeguarding issues had been raised with the local authority over the last few months; all the issues had been investigated and had been unsubstantiated.

We inspected six people's care records. Information was present about risks to people's health or safety. However some people's care plans and risk assessments had not been reviewed recently. Staff told us they prioritised delivering care to people and the reviewing of care records had fallen behind. Staff we spoke with knew people's care needs in detail. We saw people had individual risk assessments in place to cover the risk of falls, prevention of skin damage and risk of choking when eating. Staff we spoke with knew people's needs very well and they were able to tell us about the care and support people needed to receive. We discussed what we had found. The registered manager informed us that everyone's care records were being changed over onto the new registered provider's documentation and were all being fully re-written and reviewed.

We looked at two people's care records that had gone through this process, the information contained was clear, person centred and highlighted the risks to people's health and wellbeing. The registered provider had an action plan in place which stated that they would complete this work completed by the end of August 2015. **We recommend that this deadline is adhered too.**

We saw that as people's needs changed health care professionals were asked for their advice. For example, a person had been seen by a health care professional about

Requires Improvement

Is the service safe?

the risk of the person placing themselves on the floor. The falls risk team had assessed the situation and given their advice about the situation to help guide staff and maintain the person's wellbeing. We spoke with three health care professionals who were visiting the service. They confirmed that the staff contacted them for help and advice in a timely way and acted upon what they said.

Staff were knowledgeable about the equipment people needed to use to maintain their wellbeing. Moving and handling equipment was used to where this had been assessed as being required. Bath hoists were present to help staff to get people in and out of the bath. We saw one bath hoist seat was cracked at the front of the seat. The registered manager was unaware of this and when they questioned staff they said it had only just occurred. Immediately a replacement was ordered.

Information was in place about people's abilities and the assistance they would need in an emergency. This was contained in personal evacuation plans. Regular fire safety checks were undertaken on the emergency lighting, fire extinguishers and fire alarms. Staff received fire training which helped them prepare for this type of emergency.

Systems were in place to maintain and monitor the safety of the premises. Audit were completed regarding the general environment, furniture and fittings and water temperatures. We noted that if a repair was required, this was recorded and action taken to resolve issues. For example; There had been an on-going issue with one passenger lift and action was being taken to get this issue resolved.

The registered manager undertook monthly audits of accidents and incidents that occurred. They looked for patterns and considered what corrective action could be taken to prevent further accidents from occurring.

There was a secure door entry system in place to help to prevent unauthorised people from gaining entry to the home. Communal areas were tidy. A refurbishment programme was planned to replace furnishings and carpets. There was level access to the front door and garden so people who were unsteady could access these areas.

At the entrance to the service sanitising hand gel was present for people to use. Staff were provided with gloves and aprons, these were found in different communal areas as well as in people's bedrooms. There were separate cleaning staff provided to help to maintain infection control within the service.

We looked at the medicine systems in operation in the service. This included how medicines were ordered, stored, administered, recorded and disposed of. A homely remedies policy was put into place to assist staff during our inspection. All but five people were identified by photograph on their medication administration record [MAR]. These outstanding photographs were taken during the inspection with people's consent to aid their identification. Allergies were recorded to inform staff and health care professionals of potential hazards. We observed the lunchtime medicine rounds. Staff had undertaken medicine training and were skilled and competent. Staff verified people's identity and stayed with them until their medicine was taken. We checked the controlled medicines at the service and these were found to be correct.

Requires Improvement

Is the service effective?

Our findings

People we spoke with told us that the staff looked after them. A person said, “Staff are polite. They always knock on the door and use my preferred name.” Another person said, “They treat us proper.” People gave comments about the food provided: “The food is very nice, no complaints. I prefer to have my main meal in my room.” “Really nice cakes in an afternoon.” “Meals are adequate, no choice, set menu, staff know I don’t like stews or casseroles.” “I get plenty of drinks.” “Yes, I like all the meals.”

A relative said, “They have just redone the menus, the meals always look very nice, mum say’s they are tasty.” A visitor we spoke with told us people were encouraged to do some things for themselves if they could. A visitor said, “[name] is very independent and washes and dresses herself.”

During our inspection we saw that people’s needs were assessed or information was gained about people’s needs from the local authority before they were offered a place at the service. This helped to ensure that people’s needs were known and could be met.

We watched how staff offered care and support to people in the communal areas of the service. Staff knew people’s likes, dislikes and preferences. We observed that the staff encouraged people to be as independent as possible, even if there were some risks attached to this.

We reviewed six people’s care records. We saw evidence which confirmed that relevant health care professionals were contacted for help and advice when people’s needs changed. People had access to general practitioners, dentists, opticians, chiropodists, speech and language therapists, mental health specialists and dieticians. This helped to maintain people’s wellbeing. One healthcare professional we spoke with said they had only visited the service a few times and said they had no concerns about the care provide. Another said, “The care notes reflect what the staff are telling me.”

Staff undertook regular training in a variety of subjects which included; safeguarding, first aid, infection control, dementia and the Mental Capacity Act 2005, moving and handling and medicine administration. We saw a training session was undertaken during our inspection. Staff we spoke with said there was always training on offer. A member of staff said, “There’s plenty of training, I have done my National Vocational Qualification in Care at level three. The last training course I undertook was food hygiene and record keeping.” We received a comment that more training about depression or mental health conditions may benefit staff. This feedback was shared with the registered manager.

The Care Quality Commission [CQC] is required by law to monitor the operation of the Deprivation of Liberty Safeguards. People had their mental capacity assessed and where necessary the registered manager gained advice from the local authority to ensure they acted in people’s best interests and did not deprive people of their liberty. Eight people had a DoLS in place at the time of our inspection. People’s care records demonstrated least restrictive practice. We saw appropriate policies and procedures were in place for staff to refer to and this helped to protect people’s rights. However, we noted that some people’s DoLS applications had not been completed and sent to the local authority for their consideration. The registered manager told us they had been working through the applications and would have these submitted during our inspection. **We recommend that DoLS applications are completed in line with current guidance and that they are reviewed and submitted timely.**

We saw leaflets were displayed to inform people that advocates could be provided for people locally to help to support people to state their views.

People at the service had their nutritional needs assessed. Information was provided to staff about people’s preferences and food allergies. Special diets were provided and the kitchen staff were aware of people’ dietary needs. People’s views were gained so their ideas could be incorporated onto the menus through residents meetings. The cook told us how they fortified foods to enhance people’s calorie intake and told us finger foods were available to help encourage people to eat. Deserts were made with sugar supplements or with no sugar for people with diabetes.

We observed lunch on three units within the service and saw that on some units the mealtime experience for people was a social occasion, but we felt it could be enhanced because on some units the service was slow. This was discussed with the registered provider who immediately said they would look at this and told us it was in their business plan to review the mealtime experiences throughout the service that people had. We observed there

Requires Improvement

Is the service effective?

was friendly banter between people and staff. People were encouraged and supported to eat by attentive staff, who observed, prompted and assisted people, where necessary. Adapted crockery and cutlery was provided to help people to maintain their independence with eating and drinking.

People who needed to have their dietary needs monitored were observed by the staff. Food and fluid charts were used to help monitor people's intake. Relevant healthcare professionals were contacted to help to maintain people's dietary needs. The chef knew how to fortify people's meals to help them to maintain their weight.

Staff received supervision where they were able to discuss any issues or training needs, the programme of supervision for staff was in place. Appraisals were being undertaken; however the majority were being done later in the year to give the senior staff more time to get to know the staff team.

We saw that all the units were spacious. Where people needed specialist equipment to help to meet their needs this was supplied, this included profiling beds and pressure relieving mattresses, hoists and equipment to assist people with their mobility or transfers.

Pictorial signage was provided throughout the service to help people find their way around. Some people had their names or photographs or pictures displayed on or near their bedroom doors to help people locate their room. Dementia champions were in place who had completed further training in this area to help support people. The registered provider told us that they were researching how best to improve the environment especially for people living with dementia. This included visiting facilities that had achieved an outstanding quality rating by CQC to see how their service could be improved.

Good

Is the service caring?

Our findings

We asked people if they felt the staff were caring. People we spoke with said, "I think they [the staff] care about me. I have no complaints about any of the staff." Another person said, "They [the staff] care for me. They are amazing." We observed the staff treated people with dignity and respect.

A visitor we spoke with said, "They [the staff] come in and chat with her and they seem to think a lot about her." Another said, "Yes, they [staff] are lovely."

Two visiting health care professionals that we spoke with confirmed that the staff had a caring nature and tried their best to help and support people as individuals.

The registered provider told us that they wanted the service to gain a reputation for being a caring service that provided good quality care in a homely environment for people. They told, us that they were fully committed to achieving this along with the management team.

We saw that the staff acted to support people with kindness and consideration. All the staff we spoke with talked with compassion about wanting the best care and support they could give for the people using the service. We observed staff promoted people's independence but were to hand if a person needed support or guidance. Throughout the service we observed staff constantly asking people if they were alright or if they needed anything. Staff listened to what was said and acted upon it. People looked relaxed and happy in the company of the staff.

We observed staff acknowledging people when they walked past. People held their hands, cuddled or hugged the staff. We saw one person kissed a member of staff when they asked them about their soup. Staff knelt down to communicate with people and demonstrated positive communication throughout the service.

We were told by staff about a gentleman whose wife was ill. Staff had arranged a romantic meal in the gentleman's room so that they could maintain their relationship. Staff told us they treated people as they would wish to be treated. A member of staff we spoke with said, "People are loved and cared for by us, they never go without."

Visitors were made welcome by staff and were encouraged at any time and were invited to stay for meals. People were encouraged to go out with their relatives so they maintained their family life.

The registered manager told us that residents and relatives meetings were held regularly. We saw minutes of meetings which confirmed this. This helped to gain people's views formally. The registered manager had an open door policy so that people, their relatives or visitors could speak with them at any time. The operations manager or registered provider visited the service regularly and were available for people to speak to.

If people needed to go to hospital in an emergency staff were made available to escort the person especially if they were living with dementia. This helped to relieve people's anxiety.

Good

Is the service responsive?

Our findings

People we spoke with told us that the staff were responsive to their needs. We received the following comments: “If I want a doctor they would get me one.” “I take part in exercise classes and bingo, and I like the singing artists.” “I attend the church service once a month.” “Yes, there are enough activities. I also love watching television, especially quiz shows.” “I do exercise classes on a Monday and Wednesday and I go to Linden Club in a bus on the last Wednesday in the month to a tea dance. “There is enough to keep me busy.” “Activities take place, I do Tai Chi which is good for my illness, and we have sessions twice a week. I also have my nails painted, and do lots of things.”

People said they would feel able to make a complaint. One person said,” I would see someone in the office, I would feel okay about complaining but I have never had to.” Another person said, “I would go to the office but I have never needed to.” People told us, if they had mentioned a concern to staff, the staff had listened and tried to put things right.

A relative we spoke with said, “They get the doctor in to Mum when needed. A visitor said, “When [name] has been poorly they have contacted the doctor.” Three health care professionals we spoke with confirmed staff were responsive to people’s needs.

Staff assisted people with personal care in their bedrooms and communal bathrooms. They knew people’s needs, likes, dislikes and preferences and called people by their preferred names. We saw staff knocked on bedroom doors and waited to be invited before entering, where possible. This helped to protect people’s privacy and dignity. People told us they had baths when they wanted them, however, one person commented they would like more. They mentioned in the past on one occasion they had not managed to get to the toilet when they needed to. This comment was discussed with the management team and the staffing levels have been increased to prevent this from occurring again.

Staff knew people’s needs. If staff were working on a unit where they did not usually work they asked the regular staff for their advice as well as having the care records to refer to and the handover of information provided at the start of their shift. We observed staff asking people about their support, what drinks and meals they wanted and where they would like to sit or what they would like to do. Staff acted upon people’s response.

During our inspection we observed staff responding to people’s needs we saw staff using distraction when people living with dementia were getting upset or agitated. For example, we saw one person was upset and angry and shouting, a member of staff held the person’s hand and suggested they went to make a cup of tea and they went off together to do this. Another person waiting for their lunch started to sing a song, all the staff and other people on the unit began to sing along, they applauded the person and other songs were sung to capture the moment.

People had hospital discharge letters on their care files or support plans from the local authority which helped to inform the staff. Before people were offered a place at the service their needs were assessed and this information was used to start developing people’s care plans and risk assessments. This helped staff to make the care and support they provided to the person individual to them.

We saw evidence which confirmed people’s changing needs were acted upon and were known by the staff. Staff told us how they were updating people’s care records with the person and or their family members input, where this was necessary to ensure people received the care and support they wanted to receive.

Staff we spoke with throughout the service confirmed that they monitored people’s condition on a daily basis and reported issues to health care professionals to gain their help and advice. Staff told us any equipment needed to prevent deterioration in people’s conditions was provided. For example, we saw a pressure relieving mattresses was delivered for a person; to replace one which had been in use and had become faulty. This helped to protect the person from the risk of developing skin damage due to immobility.

Staff prioritised the care and support they needed to deliver to people. For example, if a person was unsteady on their feet and staff observed this they acted quickly to assist them. During our inspection an emergency occurred and the emergency nurse call was activated. Staff responded immediately to assist the person.

Good

Is the service responsive?

Staff attended a handover when they came on duty. They were given up to date information about people's physical, psychological and emotional condition which enabled them to support people. Any changes in people's needs were passed on so that the staff were informed.

Some people were having their weight monitored because they were at risk of losing weight.

Referrals were made to the person's general practitioner if staff were concerned about a person's nutritional intake the dietician was involved, where necessary. Food and fluid charts were used. We observed they were filled in but sometimes the total of fluid taken was not added up.

The registered manager analysed accidents and incidents to identify any trends or patterns. They took corrective action to help prevent further issues from occurring. This information was shared with the staff and advice was gained from relevant health care professionals to reduce the risks to people's wellbeing.

There were two activity co-ordinators provided at the service. During our inspection on the first day we had not seen any activities taking place. Over the subsequent days we saw staff sitting and reminiscing with people. People were being assisted to undertake jigsaws, and we saw spontaneous singing and dancing occurring on some units. There was a programme of activities provided. People we spoke with said they took part in activities if they wished too. Special themed meals took place; one had been undertaken for Valentine's Day and Easter. A hairdresser visited the service so that people could have their hair done without having to go out.

There was a complaints procedure displayed in the entrance hall of the service. People we spoke with said they would make a complaint if they needed to. Staff we spoke with said they would report any complaints received to the registered manager for her to take action if they could not sort out the issue themselves there and then. Complaints received were investigated and the outcome was recorded and shared with the complainant.

Good

Is the service well-led?

Our findings

People we spoke with told us they felt that their views sought and were acted upon. One person we spoke with said, "I have filled a survey in about the food and I also attend the residents meetings." Another said, "No survey, but I have been to one residents meeting." We asked people if they felt the home was well managed and if managers and staff were always looking to for ways to improve the service. People said: "Yes, I do." Another said, "I think so, it's not perfect."

Visitors we spoke with told us they felt there was a positive culture at the service and they confirmed they could approach the registered manager or staff and get a positive response. One visitor said, "Staff I speak to are helpful." Another said, "I think staff are approachable."

The registered provider told us how they wanted to develop the service to be the one of choice for people in local area. There was a business plan in place to look at all the services provided and to assess and review the quality of these services. The registered manager and management team were implementing the registered provider's quality auditing systems and policies and procedures into the service. Staff we spoke with were clear about the management structure in place within the service.

We saw the registered provider acted promptly regarding our feedback and comments about the staffing levels provided within the service at the beginning of our inspection. Prompt action taken to increase staffing levels helped the staff to gain quality time with people so more activities could be provided. It also helped staff to update and re-write people's care records.

The registered manager assessed and monitored the quality of service provided. A range of audits were in place to help the registered manager monitor the service provision, safety of the premises, and the environmental, staff training, recruitment, care and medicine records. Where any issues were found action was taken to put things right. The registered management had an open door policy and told us that they would make themselves available at any time, if people or their relatives needed to speak with them.

Residents and relatives meetings were held to help to gain people's views about the service and to get suggestions about how the service could be improved for them For example: the residents had asked that staff be provided with uniforms to help to identify them, this had been actioned and was now in place. People we spoke with told us they did not have to wait for meetings to occur because they felt able to discuss anything with the staff or registered manager. The minutes of the resident and relatives meetings were produced to help to keep people informed.

Staff meetings were held to gain staffs views. Staff told us they would like these to be scheduled more often, but said if they had an issue they felt able to speak with the registered manager or management team. There was an on call system in place so staff could gain help and advice at any time.

There was a 'thank you' file in the entrance to the service. This contained letters and cards from people and their family to thank staff for supporting them. There was a suggestions box and forms to fill in, which enabled people, their relatives or visitors to give feedback to the management team about the service. Quality assurance survey were going being sent to visiting health care professionals and to the staff to gain their views.

The registered provider told us they were committed to the continuous development of the service. They were currently researching what improvements could be made to the service to enhance the care and facilities for people living with dementia. Links were being developed with the local Alzheimer's Society to gain their input regarding this. Current research was being looked at in regard to this.