Anchor Carehomes Limited

Mill View

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 7 November 2016 and was unannounced.

At the last inspection on 8 and 15 March 2016 we rated the service as 'Inadequate' and in 'Special Measures.' We identified three regulatory breaches which related to staffing, safe care and treatment including medicines and good governance. Following the inspection we took enforcement action. The provider suspended placements at the home and following the inspection sent us an action plan which showed how the breaches would be addressed. This inspection was to check improvements had been made and to review the ratings.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

There was no 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. A new manager was recruited following our last inspection and they had applied to become the registered manager. At the time of this inspection their application was being assessed.

Mill View is registered to provide accommodation and personal care and support to up to 50 older people and people living with dementia. The living accommodation is arranged over two floors and all of the bedrooms are single with en-suite toilet and shower facilities. It is located a short distance from Bradford city centre and is accessible by public transport.

The manager was providing strong leadership and direction and had brought about significant improvements in all areas of the service. We found staff up-beat, enthusiastic and confident, which had a positive effect on the people they cared for.

We found staff were being recruited safely and there were enough staff to take care of people and to keep the home clean. Staff were receiving appropriate training and they told us the training was good and relevant to their various roles. Staff told us they felt supported by the registered manager and area manager and were receiving formal supervision where their could discuss their on going development needs.

People who used the service and their relatives told us staff were helpful, attentive and caring. We saw people were treated with respect and compassion. They also told us they felt safe with the care they were provided with. We found there were appropriate systems in place to protect people from risk of harm.

Staff knew about people's dietary needs and preferences. People told us there was a choice of meals and the food was good. We also saw there were plenty of drinks and snacks available for people in between meals.

Care plans were up to date and detailed exactly what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified. People who used the service and relatives told us they were happy with the care and support being provided. We saw people looked well groomed and well cared for.

People's healthcare needs were being met and medicines were being managed safely. However, stack control needed to improve so people did not run out of prescribed medication.

Some activities were on offer to keep people occupied both on a group and individual basis. However, these needed further development.

We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS).

We saw some redecoration and refurbishment had taken place since our last inspection to improve the living and bedroom accommodation. We found the home clean, tidy and odour free.

We saw systems had been introduced to monitor the quality of the service. We saw these had identified areas for improvement and action had been taken to address any shortfalls. People using the service and relatives were being consulted about the way the service was being managed and their views were being acted upon. We saw that the new audit systems were helping to drive improvements in the service. However, these processes were still relatively new. Whilst it was clear the service was on a journey of improvement, it was too early for the provider to be able to demonstrate that the new processes were fully embedded and that these improvements could be sustained over time.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff were being recruited safely and there were enough staff to support people and to meet their needs.

Staff understood how to keep people safe and understood how to identify and manage risks to people's health and safety. The premises were clean and well maintained.

People's medicines were handled safely but there was not always enough in stock..

Is the service effective?

Good

The service was effective.

Staff were inducted, trained and supported to ensure they had the skills and
knowledge to meet people's needs.

Meals at the home were good, offering choice and variety. The meal time experience was a calm and relaxed experience for people. People were supported to access health care services to meet their individual needs.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS)
were being met.

Is the service caring?

Good

The service was caring.

People using the services told us they liked the staff and found them attentive and kind. We saw staff treated people with kindness and patience.

People looked well cared for and their privacy and dignity was respected and maintained.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care records were easy to follow, up to date and being reviewed every month.

There were some activities on offer to keep people occupied but these needed further development.

A complaints procedure was in place and any complaints which had been made had been dealt with in line with the provider's complaints pr

Is the service well-led?

Requires Improvement

The service was well-led.

There was a manager in post who provided leadership and direction to the
staff team and who had effected many positive changes in the service.

Quality assurance systems had been put in place but these needed to be tested over time to ensure they were effective in driving forward improvements.

Mill View

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 November 2016. The inspection was carried out by 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 we reviewed the information we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams. We also asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

We spent time observing care in the lounges and dining rooms and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us. We looked around some areas of the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included five people's care records, four staff recruitment records and records relating to the management of the service.

We spoke with nine people who lived at Mill View, two relatives, six care workers, two night care workers, handyperson, catering manager, administrator, laundry assistant, the deputy manager, the manager, district manager, one paramedic and one district nurses.

Requires Improvement

Is the service safe?

Our findings

When we inspected the service in March 2016 we were concerned there were not enough staff to care for people safely. On this visit we found improvements had been made.

Sufficient staff were deployed to ensure people received prompt care and support. Both day and night staff told us there were enough staff to ensure people's needs were met. Staffing levels were regularly reviewed and people's dependencies were used to calculate the required staffing numbers. Rotas' and staff confirmed the planned staffing levels were consistently maintained. Documentation we reviewed such as day and night checks and repositioning charts, indicated there were sufficient staff to ensure these were undertaken in a timely manner. We observed care and support and saw there were sufficient staff to ensure people were appropriately supervised and any requests for assistance were dealt with promptly.

Safe recruitment procedures were in place. Documentation showed new staff went through a robust recruitment process, including completing an application form detailing their previous work history, attending an interview, providing references, having their identify checked and undertaking a Disclosure and Baring Service Check (DBS). This helped provide assurance that new staff were of suitable character to work with vulnerable people. Staff we spoke with confirmed these checks took place.

People who used the service told us they felt safe at Mill View. We saw there were safeguarding policies and procedures in place. We spoke with three members of staff about their understanding of safeguarding and what they would do if they thought people who lived at the home were at risk. All of them told us they would not hesitate to report any concerns to the manager or more senior management. We saw the manager had made appropriate referrals to the safeguarding team when this had been needed. This meant staff understood how to keep people safe.

When we inspected the service in March 2016 we found the home had an unpleasant odour, some areas were not clean and staff were not following infection prevention procedures. On this visit we found the home was clean, tidy and fresh smelling. We saw care workers wearing gloves and aprons at appropriate times.

We saw at the last food standards agency inspection of the kitchen they had awarded them 5* for hygiene. This is the highest award that can be made. This showed us effective systems were in place to ensure food was being prepared and stored safely.

The accommodation at Mill View was arranged over two floors. There was a lounge/diner with a kitchen area and further quiet lounge on each floor. All of the bedrooms were single occupancy and had en-suite toilets and showers. Some areas of the home had been redecorated, new carpets had been fitted and some new furniture had been purchased. Overall, the accommodation was spacious, light, airy and comfortable. An enclosed garden was also accessible from the ground floor of the building.

The home was well maintained and regular safety checks were undertaken on the equipment and premises.

This included wheelchairs, lifting equipment and water and fire systems. When we inspected the service in March 2016 the gas safety certificate and electrical wiring certificates could not be produced, however, on this visit they were available and we saw they were up to date.

When we inspected the service in March 2016 we found risks to people's health and safety were not understood and appropriately controlled by the service. On this visit we found improvements had been made.

Care records, for people who used the service, contained identified areas of risk. Risk assessments were in place which covered, for example, moving and handling, nutrition and tissue viability. We saw where risks had been identified, action had been taken to mitigate those risks. For example, one person had been assessed as being at risk of skin damage. We saw they had a specialist mattress in place and were sitting on a specialist cushion in their armchair.

Following incidents such as falls, we saw incidents were recorded and action taken to keep people safe including updating risk assessments and placing people on hourly observations to regularly check on their safety and to ensure their condition had not deteriorated. This meant staff were identifying risks to individuals and taking action to reduce those risks.

We asked staff about the fire evacuation procedures and they were able to describe the action they needed to take, should the fire alarms sound. This meant in an emergency staff knew what to do to keep people safe.

When we inspected the service in March 2016 we were concerned the 'personal emergency evacuation plans' (PEEPs) for people who used the service were out of date. On this visit we found the PEEPs were all up to date.

When we inspected the service in March 2016 we found systems and processes in place to manage medicines were not always safe or effective. On this visit we found improvements had been made.

We found medicines were stored securely. The temperatures of the storage area and fridge were monitored to make sure medicines were stored at the recommended temperatures.

All care workers who administered medicines had received training and competency checks had been made to make sure they followed the correct procedures.

We saw the care workers who were responsible for administering medicines checked the medicines to be given against the medication administration record.(MAR). This ensured the correct medicines were being given at the right time. Once the persons' medicines had been prepared they were taken to the individual, together with a drink, glass and spoon, if needed. The care worker then stayed with the person until the medicines had been taken. We saw people being supported to do this in a kind and patient way. The care worker then signed the MAR to confirm the medicines had been given.

We saw there was a system in place to keep a check on how much medication was being held at any given time. We checked the stocks of five medicines and found them all to be correct.

Although records of topical medicines generally showed people received these medicines as prescribed, in one instance, we found one person had run out of two prescribed topical creams for nearly two weeks. We raised this with the team leader who said there had been a mix up between the home and the GP/chemist

and they would ensure it was given immediate priority.

Some prescription medicines contain drugs controlled under the misuse of drugs legislation. These medicines are called controlled drugs. We inspected the contents of the controlled drugs cabinet and found stocks tallied with those in the controlled drug register. Staff were aware of the correct procedure for the administration and storage of controlled drugs.

We saw protocols were in place for any 'as required' medicines which provided guidance for staff about the circumstances in which these medicines should be administered.

We concluded medicines were managed safely, however, people did not always receive their medicines as prescribed.

Good

Is the service effective?

Our findings

When we inspected the service in March 2016 we found staff needed more training and support in order to be effective in their roles. On this visit we found improvements had been made.

We asked staff about their training opportunities. One staff member showed us a display board in reception where there was information about up and coming training together with which members of staff would be attending. They also said they were, "Constantly reminded about training." Another staff member told us they had been given responsibility for delivering some of the training and said, "I like being asked to do extra. I feel more confident and feel valued." Another staff member told us, "Training is kept up to date and we get extra training, like the full first aid course and not just the one day one."

Staff were keen to talk to the inspectors to tell them about all of the improvements which had been made. They all told us people were getting better care and support and that the staff team were much happier. We saw staff smiling and up beat, which created a lovely atmosphere in the home.

Following the last inspection, there had been a strong focus on developing staff training. We reviewed training records and saw staff were now mostly up-to-date with key training with further training sessions booked over the coming months to address any remaining shortfalls. Staff confirmed to us that they have received lots of recent training in additional subjects such as dementia, moving and handling, safeguarding and falls awareness.

New staff were required to undertake comprehensive induction training, a period of shadowing and complete the Care Certificate. The Care Certificate is a nationally recognised study plan for people new to care to ensure they receive a broad range of training and support. The Care Certificate had also been offered to existing staff to refresh and broaden their skills and two staff had taken up this offer.

Champions had been appointed to promote specific subjects such as pressure area care, falls awareness and safety. Other staff had been trained to support new staff complete the care certificate. This helped create a culture where skills and knowledge were disseminated throughout the workforce.

Some staff had achieved national qualifications in health and social care. We saw plans were in place to further offer these opportunities to a wider range of staff.

Staff told us they felt well supported and had regular supervisions and an annual appraisal. Records we reviewed confirmed this was the case.

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.

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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). 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.

We found the service was working within the principles of the MCA and that staff had an understanding of how these principals applied to their role and the care they provided. For example, we saw one person had a specific condition attached to their DoLS authorisation. We asked two care workers about this. Both knew what the condition was and explained how it was met. This showed us staff understood the legislation and were acting within the law.

Our observations showed staff explained what they were proposing to do and asked people's permission before carrying out any task to ensure it was what the person wanted or needed. For example, we saw a number of complex moving and handling transfers and heard staff explain what they were doing and why. This was done with patience and sensitivity. No-one was rushed and tasks were achieved at the pace and in line with the persons' wishes.

When we inspected the service in March 2016 we found the dining experience for people who used the service was poor and mealtimes disorganised. On this visit we saw significant improvements had been made.

In each dining area there was a nutrition file which detailed people's specific dietary needs and other relevant information. For example, if the person needed to have a lipped plate or special cup. We saw this file was available so all staff could refer back to the information during mealtimes

People who used the service told us meals were good and offered both choice and variety. One person said, "The food is always decent." Another person said, "I like it here, nice food"."

We saw people were offered a choice at breakfast which included porridge, cereals and toast as well as a cooked breakfast. One person asked for a fried egg on toast and this was then ordered from the kitchen.

People were supplied with drinks and snacks during the morning such as biscuits and fresh fruit.

We observed the breakfast and lunchtime meals and saw they were social, relaxed occasions. Everyone was offered a choice of meal and people were shown the two options at lunchtime so they could make an informed choice. Where people required assistance staff provided the necessary help.

Tables were set with menus, tablecloths, placements cutlery, crockery and condiments. A choice of cold drinks were available with meals followed by a choice of hot drinks. The food looked and smelt appetising.

During the afternoon we saw a choice of high calorie hot and cold drinks and a selection of cakes were provided.

People at risk of malnutrition or dehydration had a discrete water droplet placed on their bedroom door. This was to alert staff to this risk. We saw this was effective in raising awareness as staff we spoke with were able to clearly describe who was at risk and the action that was taken to mitigate this risk. We reviewed food and fluid charts for one person who was at risk of malnutrition. We saw these charts were well completed and showed the person was offered a range of meals, snacks and nourishing drinks to help reduce this risk. Where people had experienced weight loss, appropriate referrals had taken place to their GP for further investigation. Care workers also put in place appropriate control measures including monitoring food intake, fortifying food and close monitoring of their weight.

We saw staff respond to a medical emergency calmly and efficiently. The ambulance was called and the paramedic we spoke with told us staff had reacted in the right way and had all of the documentation they needed ready for them.

In the five care records we looked at we saw people had been seen by a range of health care professionals, including GPs, community matrons, district nurses, dieticians, opticians and podiatrists. We spoke with a visiting health professional who told us they thought the home had significantly improved the quality care provided in recent times. They said the service referred to them appropriately, and was receptive to their advice and direction. We concluded people's health care needs were being met

Good

Is the service caring?

Our findings

We asked people using the service if they liked the staff. One person told us, "The staff are excellent, very good. They help you to look nice, I have clean clothes in my wardrobe and my room is always kept clean and nice." Another person said, "The staff are very attentive and not grumpy."

We saw staff looked happy and purposeful in their work and there was a genuine consistency in their approach which demonstrated empathy and care.

We saw the care plans for people who used the service contained 'Life story' information and details of their interests and hobbies. People looked relaxed and comfortable around staff. There was a calm and friendly atmosphere and we saw staff took time to sit and chat with people. We observed care and support and saw staff treated people with kindness dignity and respect. Interactions were consistently positive and it was clear staff had developed good positive relationships with people and knew them well. For example, we heard two staff talking about how much they had learned from one of the people living at Mill View. This showed us staff valued the experiences of people in their care.

Staff used both verbal and non-verbal communication techniques to reassure people, including touch and body language to reassure and reduce distress and anxieties. Care staff listened patiently to people, and maintained conversation at eye level.

People were clean, well groomed and comfortably dressed which showed staff took time to assist people with their personal care needs when required.

Staff we spoke with demonstrated that there was a culture embedded within the home of respecting people's choices and valuing their opinions. For example, staff appreciated that everyone had a right to choose what time they got up, went to bed, what they wanted to eat and the activities they wanted to be involved in. This was confirmed by our observations of care and support, for example, people were given choices as to how they wanted to spend their day and where they wanted to eat their meals.

We saw people were treated with dignity and respect and were being encouraged to be as independent as possible. People looked well cared for and when necessary were supported to change soiled clothing.

We saw people's bedrooms were neat and tidy and personal effects such as photographs and ornaments were on display and had been looked after. Beds had been made with matching, clean bed linen. This showed staff respected people and their belongings.

We saw staff encouraging people to maintain their independence. For example, they made sure people had the correct crockery and cutlery at mealtimes so they could eat without assistance. Staff walked alongside people at their pace and did not use a wheelchair unless it was necessary.

We saw future wishes care plans were in place and information had been obtained to help plan for end of

life care.

Requires Improvement

Is the service responsive?

Our findings

When we inspected the service in March 2016 we found care plans were out of date and did not reflect people's needs. We also found there were not enough staff to respond to people's requests for assistance in a timely way. On this visit we found improvements had been made.

There had been no new admissions to the service since our last inspection. The provider stopped admissions until improvements had been made. The district manager told us they had recently agreed to admissions to recommence with the local authority contracts team. We spoke to the manager who told us they would assess the needs of anyone who was thinking of moving into Mill View to make sure the service was suitable for them. They also said they wanted people to be able to visit for a meal and spend some time at the home so they could make sure it was the right place for them. The district manager said they would not admit more than one person per week and possibly less, as they wanted to make sure people had time to settle and get to know staff and other people using the service.

We reviewed five people's care records which were detailed and person-centred. They showed what the person could do for themselves and the support they needed from staff which included any particular preferences. For example, who they liked to sit with and how to support them making choices. The plans were reviewed monthly to keep staff up to date with people's needs.

Care records demonstrated that people's needs were assessed and clear person centred plans of care put in place for staff to follow. These covered areas of care including mobility, skin integrity, nutrition, continence and sleep and rest. They included an assessment of people's emotional and psychological needs and any specific requirements such as diabetes care. We reviewed daily records of care, observational charts, spoke with staff and observed care. Our findings provided assurance people were receiving appropriate care in line with their plans of care.

Some people were at risk of developing pressure sores. We saw specific plans were in place to reduce this risk. We observed one person's care and support and saw staff provided them with timely pressure relief whilst in the lounge in line with their plan of care. Their positional charts were well completed indicating that they consistently received relief throughout the day and night.

Care records provided evidence that people and /or their relatives were involved in reviews of their care. Comments on the quality of care were clearly recorded and appropriate action taken to address any issues, which demonstrated people's views were valued and taken into account.

There was a complaints procedure in place, although we could not see it displayed in the home. We looked at the complaints file and saw complaints which had been received had been dealt with appropriately. In one recent review meeting we saw a complaint had been logged about the person's bedroom, however this had not been captured on the home's complaints system. This meant there was a missed opportunity for less formal complaints to be logged and analysed to look for any themes/trends. The manager told us they would implement a system so any concerns were logged.

When we inspected the service in March 2016 we found people's continence needs were not being met. On this visit we saw care workers support people to use the bathroom and did not see anyone having to wait.

Care workers were present in the lounge/dining areas throughout our visit and told us staff were always present in these areas. We saw staff were vigilant and were quick to offer people support. For example, making sure they had their walking aids and offering assistance when people wanted to carry their drink back to their easy chair.

People who used the service and relatives told us they thought activities were an area which needed further development. One person told us, "There's not much in the way of activities." One relative said, "There needs to be some more one on one and small group time. Mum would really benefit from some planned half hour sessions to go through photographs and reminisce. The music channel and TV/DVDs need to be more linked to the needs and era of residents."

We saw care workers arranging activities with small groups of people or talking to people on a one to one basis, whilst painting their nails. During the morning we saw people involved in mixing, rolling, and cutting out biscuits. In the afternoon again a small group were involved in a painting session.

The home had recently opened an authentic old fashioned 1950's style sweet shop, which sold a range of snacks as well as toiletries. We saw one person was encouraged to help out serving others using the shop, which helped maintain their independence and involve them in meaningful activity. The manager had plans to create a cinema room and a 'diner' where people could go to have a meal with their visitors.

We were told one person who used the service enjoyed gardening. A care worker through the purchase of pots, plants and seeds had supported the person to pursue their hobby. This showed us staff had started to work in a person centred way.

The manager had started to make links with the local community and church so more opportunities could be made available for people outside of the home.

We saw a programme of activities was on display on the notice boards. However, this was not always followed with activities completed on an ad-hoc basic, with no one staff member taking the lead. On reviewing comments made by people and relatives during the inspection, observations of care and support, the results of recent surveys and minutes of residents meetings we concluded a more structured programme of activities could have been provided to people based on their interests and preferences. The manager agreed with this conclusion during feedback and said they would address this as an immediate priority.

Requires Improvement

Is the service well-led?

Our findings

When we inspected the service in March 2016 we found it was not well-led and the governance systems were not effective. The provider made the decision not to take any new admissions and put additional management support in place in order to bring about improvements, this included recruiting a new manager.

We asked people who used the service and relatives about the management of the service. One person said, "The new manager looks into everything to make sure it all runs properly." A relative told us, "We have always found it to be good here, but over the past six months we've noticed that the staff are more focused and driven, better organised, whereas they were a bit aimless before.[Name] in admin always has time for you and the manager is accessible now."

We asked staff about the leadership of the home. One person told us, "[Name] is a fantastic manager, their determination has driven the changes and they are very positive about everything. It is like a different place." Another person said, "What a change I've seen, [Name of manager] is very good and approachable." A third person said, "Everything has improved." A fourth person commented, "[Name of manager] is brilliant, they have good communication skills and sorts out any problems." A fifth person said, "[Name of manager] is fantastic, there is more structure and more organisation."

We asked staff if they would recommend Mill View to someone looking for a care home. One person told us, "I would recommend Mill View 100% because I see what happens everyday." Another person told us, "Yes, I would recommend it and give it ten out of ten now."

The home had gone through a period of significant change over the last few months. Quality assurance visits from the district manager and senior support staff had been regularly undertaken to offer support and help drive improvement. These included internal inspections and checks on specific areas of care and support. Action plans were produced following these visits for the manager to implement. During the inspection we found significant improvement had been made indicating this process had been effective.

Systems were in place to assess, monitor and improve the service. Audits were undertaken in a range of areas including infection control, catering, medicines, care planning and dining experience. We reviewed some of these audits and found they were thorough and meaningful, with detailed actions produced to drive improvement.

Regular staff meetings had been held. It was clear these were used as an opportunity to share the findings of audits and quality reviews to drive improvement of the service. For example, issues identified with the medicines management system and care records had been discussed at team leader meetings and other topics such as infection control discussed at full staff meetings. Where specific areas of concern had been identified staff had been provided with briefing sessions to improve their practice.

A system was in place to log, investigate and learn from incidents and accidents. We looked in people's care

records and found falls and other incidents had been transferred to incident forms and investigated. At the end of each month any incidents were analysed to look for any trends, such as the people involved and the time of each incident. Any trends were discussed along with preventative action taken to keep the person safe.

Systems were in place to seek and act on people's feedback. Recent resident and relatives surveys had been undertaken in September 2016. The results of these had been analysed and placed on the notice board. These showed that most people were very satisfied with the care and support provided, for example 94% of people and 100% of relatives were happy with the care provided. Both surveys showed that most people thought the service had improved, for example, 76% of people thought the service had improved and 0% thought it had got worse. There were some areas for further development, for example, around the provision of activities. The manager told us they were awaiting individual comments from head office in order to devise an improvement plan based on these comments.

People and their relatives had recently been consulted over the new winter 2016/17 menu. People's comments were clearly displayed on a "You said/ we did board", providing evidence of menu alterations made as a result of people's feedback. For example, fresh fruit platters and hot milky drinks were now provided daily based on people's feedback. This showed people's feedback was valued and used to improve the service.

We concluded the service was being well managed and that significant improvements had been made to the governance and audit systems. Whilst it was clear the service was on a journey of improvement, it was too early for the provider to be able to demonstrate that the new processes were fully embedded and that these improvements could be sustained over time.