

# Leicestershire County Care Limited

# Woodmarket House

## Inspection report

Woodmarket  
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## Ratings

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

# Summary of findings

## Overall summary

This inspection took place on 10 January 2017 and was unannounced. We returned announced on 11 January 2017.

Woodmarket House provides accommodation for up to 42 people. At the time of our inspection 41 people were living at the home. The service is on two floors accessible by stairs and a passenger lift. There are five communal lounge as well as two separate dining areas for people to use. All of the bedrooms are single occupancy. There is also access to a garden area for people to use should they choose to.

People who used the service were safe. They were supported and cared for by staff that had been recruited under recruitment procedures that ensured only staff that were suited to work at the service were employed.

People did not have concerns about their safety and staff knew how to protect them from abuse and avoidable harm. People's care plans included risk assessments of activities associated with their personal care and support routines.

The risk assessments provided information for care workers that enabled them to support people safely but without restricting their independence.

There were suitably skilled and knowledgeable staff employed. The registered manager was investigating whether they were effectively deployed to meet the needs of the people using the service.

People were supported to receive the medicines by staff who were trained in medicines management.

Medicines were stored safely and managed safely ensuring people received their medicines when they needed them. Care workers were supported through supervision and training. Relatives told us they felt staff knew what they were doing.

The registered manager understood their responsibilities under the Mental Capacity Act (MCA) 2005. Staff had awareness of the MCA and understood they could provide care and support only if a person consented to it and if the proper safeguards were put in place to protect their rights. There were people at Woodmarket House who were being cared for under Deprivation of Liberty Safeguards.

People enjoyed the food that was offered to them and were supported to maintain a healthy diet. They could choose what they ate and their preferences and requirements were known by staff.

People had access to healthcare professionals to maintain good health.

People told us they were treated with dignity and respect. The registered manager encouraged staff to become dignity champions. A Dignity Champion is someone who believes passionately that being treated

with dignity is a basic human right, not an optional extra. They believe that care services must be compassionate, person centred, as well as efficient, and are willing to try to do something to achieve this.

People's care plans were centred on their individual needs. Their care and support was based on these. People knew how to raise concerns if they felt they needed to. People were confident these would be taken seriously by the provider.

People had access to a variety of activities if they chose to take part.

The service had effective arrangements for monitoring the quality of the service. These arrangements included asking for people's feedback about the service and a range of checks and audits. The quality assurance procedures were used to identify and implement improvements to people's experience of the service.

## 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.

People felt safe and staff knew how to protect people from abuse and avoidable harm.

There were systems in place to ensure only suitable staff were recruited.

People received the medicines that they required in a safe way.

### Is the service effective?

Good ●

The service was effective.

People received support from staff who had received regular training and support.

People's consent to care had been obtained where possible and the requirements under the Mental Capacity Act 2005 were being followed.

People were satisfied with the food available and had access to healthcare services to support them to maintain their health.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and treated people with respect and dignity. Staff knew people's likes, dislikes and preferences.

Staff had developed good relationships with people and communicated with them effectively.

### Is the service responsive?

Good ●

The service was responsive

People's care plans were developed around their needs.

People's care plans were kept up to date and reflected people's

preferences and choices. . Staff knew people's likes, dislikes and preferences.

People had the opportunity to take part in activities.

People and their relatives knew how to make a complaint if they had wanted to and could give feedback to the provider

**Is the service well-led?**

**Good** ●

The service was well led.

Staff understood their roles and responsibilities and were supported by the registered manager. They knew how to whistle blow on their colleagues if they needed to and could give suggestions for improvements to the service.

The registered manager was aware of their responsibilities. The provider had effective monitoring systems in place and ensured regular quality checks were carried out.

# Woodmarket House

## 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.

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The inspection team consisted of an inspector 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 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 it does well and what improvements they plan to make.

We reviewed notifications the provider had sent to Care Quality Commission about incidents that had occurred at Woodmarket House since our last inspection.

During our visit we spoke with 11 people who used the service and four relatives. We reviewed a range of records about people's care and how the service was managed. This included four people's care plans and associated documents including risk assessments. We looked at three staff files including their recruitment and training records. We also looked at documentation about the service that was given to staff and people using the service, as well as the policies and procedures that the provider had in place. These included surveys and audits. We spoke with the registered manager, compliance and care standards officer, a senior care worker, two care workers, the maintenance person and the cook. We also spoke with a visiting healthcare professional.

We contacted the local authority that funded some of the care of people who used the service and Healthwatch Leicestershire, the local consumer champion for people using adult social care services, to see if they had feedback about the service.

# Is the service safe?

## Our findings

People who used the service told us they felt safe at Woodmarket House. They gave a variety of reasons why they felt safe. These included the quality of care and support they experienced. A person told us, "Yes very safe, what is there not to be safe about." Another person said, "I do feel safe, I had no choice about coming into a home because I kept having falls at home but here at least I am not on my own at night." Other people told us they felt safe because staff were kind and friendly. Relatives we spoke with told us they believed people using the service were safe. A relative told us, "The staff are brilliant, since [person] has been in here I can actually sleep at night."

At our last inspection in April 2016 we asked the provider to investigate whether the gaps on the stair bannisters posed any risk to people due to their width. As a result the provider arranged for the bannisters to be altered to reduce any potential risk.

The staff members we spoke with described what they did to keep people safe. They had a good understanding of abuse and knew their responsibilities to keep people safe from avoidable harm and abuse. Staff could describe the different types of abuse as detailed in the provider's safeguarding policy. All the staff we spoke with knew they must report any concerns to the person in charge of the shift or the registered manager. One staff member told us, "I've never seen anything but I would report to the manager immediately if I did see anything." All the staff we spoke with felt confident that the registered manager and the provider would take any concerns seriously. Staff told us they had received training in the safeguarding of adults and records confirmed this.

Records showed that staff had received training in first aid. Staff also told us how they recorded any accidents or incidents so that there was a record of what had happened and what action was taken to reduce future risk. The registered manager and the compliance and care standards officer reviewed accidents and incidents that occurred at the service. We saw that they had carried out investigations to identify why a small number of people sometimes fell more frequently. The registered manager was in the process of taking action to reduce these accidents and incidents. This included the use of monitoring equipment to alert staff in case a person attempted to get out of bed unaided and referrals to the falls clinic. We were also told us they were looking at whether the service was able to fully meet the person's needs. This meant people could be assured that accidents and incidents were monitored to minimise future risk.

People's care plans had risk assessments of activities associated with their care routines, for example eating or supporting people with their mobility. The risk assessments were detailed and included information for staff on how to support people safely and protect them from harm or injury. We saw staff safely use equipment such as a rotunda to assist people to come to a standing position and transfer from a chair to a wheelchair. Risk assessments were reviewed regularly or if a change had occurred in a person's circumstances to ensure staff had up to date information.

We had received information of concern that staff had taken a person out to a club and got them drunk and as a result fell. Both social services and Care Quality Commission (CQC) looked at these claims. We found

that the person had been taken to a local club as part of the pre-Christmas celebrations and had alcoholic drinks. However neither social services nor CQC found that the person had become intoxicated. The person had a history of falling but there was no evidence to show the person fell as a result of alcohol.

There was a plan available for staff to follow for a range of emergency situations that could have occurred, for example, a fire or the loss of gas or electricity. We saw that regular checks were being undertaken to make sure that staff knew what to do in an emergency. Fire evacuation training had been provided to the staff team and regular practices had been carried out during 2016. Checks were being carried out on the hot water in the home to ensure it was safe and people were not at risk of scalds.

People had mixed views about the number of staff available at the service. A person told us, "I am not sure if there is enough staff, they are quite good really but they are fighting a losing battle." Another person commented when asked about staffing levels, "Sometimes you think how much longer have I got to wait but I do think there is enough staff." Yet another person told us, "I think there are enough staff on, they are kind, friendly and respectful." When we ask about how staff responded to call bells a person said, "The response is good you don't have to wait." A relative told us, "I have no qualms about the staffing levels". Another relative said, "I have noticed the residents are not left alone in the lounge there is always a member of staff with them."

Staff were also mixed in their views of staffing levels. One staff member told us, "Some days are better than others, we tend to only use agency staff at night and [registered manager] will help if we need it." Another staff member we spoke with said, "On paper we are fully staff but it doesn't feel like it, I think it is the type of resident we have. They have a lot of needs and need a lot of help." A third staff member told us they felt they had enough staff. A visiting health care professional also commented that they did not feel there were sufficient number of staff available.

We discussed this with the registered manager who told us that the service was fully staffed according to their staffing schedule. They were aware that some people's needs had increased and as a result they had made referrals for either extra funding or for the person to be considered for nursing care. The registered manager also told us they had increased the staffing levels during the morning to assist in getting people up and dressed in a timely manner. Records confirmed that this had been done. Both the registered manager and the compliance and care standards officer said they would look at staffing deployment to help the current situation.

We had received information of concern that the registered manager was not impartial when recruiting senior staff. We found that the registered manager but the compliance and care standards officer were involved in the recruitment of senior care staff. Candidate's suitability was assessed through review of their job application form, then at interviews. Interview notes showed that people were recruited following a robust process. We saw that the provider had sought at least two references and a criminal records check for each new employee. The details of these checks were kept in staff files. This meant that the provider had systems in place to make safer recruitment decisions.

At our last inspection in April 2016 we found improvement was needed in the management of people's medicines. People told us they received their medicines when they needed them. One person told us, "Yes I get my tablets on time they bring me a tablet at 6am, which is a pain killer because I like it to work before I get up." Another person said, "Medication is on time staff are very particular about that." General comments we received about medicines included, "the tablets are always on time" and "I get my tablets when I need them."



The provider's medicines management policy was based on the latest NICE guidance about medicines management. Medicines were stored safely and there were effective arrangements for the disposal of medicines that were no longer required. We were told that only staff who were trained to give people their medicines did so and their competencies to continue to do so were regularly assessed. Records we saw supported this.

The senior staff member responsible for administration on the day of the inspection told us that they had attended training on medicines management and had regular competency assessments from the registered manager to ensure they remained safe. They could describe how to safely administer medicines which showed they understood the provider's policy. We observed part of a medicines round and saw that staff followed the correct practice. They explained to people what their medicines were for and observed that the medicines were taken before signing the records of medicines administration. If a person refused their medication this was recorded.

We saw that some people had medicine to help them to reduce their anxieties. There were clear procedures for when these medicines could be given that had been authorised by a healthcare professional. These medicines had only been given as a last resort after other methods, such as calming techniques, had been tried by staff. This meant that the provider had systems in place to ensure people received medicines in a safe way in line with best practice.

Staff told us that a person had a covert medicines plan. (This means that adults who live in care homes and have been assessed as lacking capacity are only administered medicine covertly if a management plan is agreed after a best interests meeting.) The care plan described how the person should receive their medicines. Both the medicines administration records and the person's care plans showed that appropriate guidance and permissions had been obtained from the GP. This showed that staff followed people's medicine plans.

# Is the service effective?

## Our findings

People who used the service did not say whether they felt that care workers were skilled and knowledgeable about their needs. They did tell us that they liked the staff, for example one person told us, "The staff are very nice, kind people they are highly professional very, very good." Another person said, "The staff are very kind and friendly." A relative did comment, "The staff certainly know what they are doing."

Staff told us, and records confirmed that they had undertaken relevant training. Staff described the training as helpful in order to provide good support to people. Staff were able to give examples of things they had learnt on their dementia awareness training. For example, the different types of dementia that people may have and how this may affect their behaviour in different ways. They were supported through induction and a probation period of three months during which their competence was regularly assessed. Staff were also supported through one-to-one supervision meetings and an annual appraisal meeting.

We saw several examples of staff communicating effectively with people. Staff were friendly respectful and caring. We heard staff explain how they proposed to support people, and then talked with people whilst supporting them. Staff took their time, going at the person's pace and never rushed them. People's responses to staff made clear that they understood what staff were saying.

At the last inspection in April 2016 we found that staff did not have a good understanding of The Mental Capacity Act 2005 (MCA) or restraint. The 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.

We checked whether the service was working within the principles of the MCA. We saw that each person had a care plan that included information about asking the person what they wanted and that reminded staff to seek the person's consent. It was not always clear how people or their representative had been involved in creating and reviewing their care plan and consented to their support. We brought this to the registered manager's attention who said they would ensure that this was more clearly recorded in future.

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 hospital are called the Deprivation of Liberty Safeguards (DoLS). We saw that the registered manager had made the appropriate applications to the 'supervisory body' (the local authority) where they were seeking to deprive someone of their liberty. We also saw that these applications had been reviewed within the required timescale and had been renewed. Staff had a good understanding of MCA and DoLS. They were able to give examples of when it might be necessary to apply for a DoLS, such as if a person continually tried to leave the building. Staff also knew how many people were subject to a DoLS and where they could find the information regarding any restrictions. This ensured that people were not being deprived of their liberty or human rights unlawfully.

All of the staff we spoke with told us they would offer choice. One staff member said, "We always give people choice, around food, their clothes and where they want to sit. It might be only a simple choice, it depends on the person. We don't want to confuse."

People were happy with the choice and amount of food and drink they received. One person told us, "The food it's not bad, I like a lot of salads, not keen on cooked meals." We asked if they were able to choose a salad and they told us they could. We saw them request a salad at lunch time and were offered a choice of cheese or ham. Another person told us, "The food is quite good you have choice and the menu is put on the board every morning." All the comments we received about the meals were positive.

The dining room was bright, spacious, with each table set for four residents. We saw that a visitor with their relative was invited by staff to have lunch together. A staff member served each resident their chosen meal, each plate contained the main part of the meal whilst another staff member served each resident their choice of vegetables from serving dishes. This enabled people to have a choice and portion size decided by them. The staff member then asked people if they would like more gravy. Music was playing in the dining room and a staff member asked people if would they like it turned off or up but they said it was fine. The whole dining experience appeared to be enjoyable with staff engaging and catering to people's choices. We saw that drinks were served throughout the meal.

The cook had information about people's special dietary requirements which meant that people had meals presented in ways that met their needs. Staff were aware of people's needs. For example, if people needed a thickener adding to their drinks to reduce the risk of choking or if people had diet controlled diabetes.

Staff recorded daily what food people had eaten and where there were concerns about this, appropriate action was being taken. For example, the registered manager would refer people to the speech and language team for advice if people had problems with eating or drinking. We did note that although jugs of juice were put in the lounge area staff did not always prompt people to drink. We brought this to the registered manager's attention; they said they would remind staff to encourage people to drink.

People were being encouraged to maintain their health and to access healthcare services when they needed to. One person told us, "If don't feel well they get me a doctor."

People were supported to see a wide variety of healthcare professionals including, GPs, opticians, chiropodists and district nurses. Staff were able to describe what would prompt them to ask for a doctor to be called, for example if a person's behaviour started to change or they became sleepy. All staff we spoke with understood the procedure to ensure people had their health care needs met promptly. One staff member commented, "We know people really well, if they started acting out of character that would usually point to an infection or something." This meant that people using the service could be confident that their health needs were met.

# Is the service caring?

## Our findings

People were being treated with kindness by the staff who supported them. One person told us, "I think the staff are very good, kind and friendly even with a very difficult job." Another person commented, "The staff are very nice." Relatives also told us they thought staff were friendly. One relative said, "I was worried at the start, it's not posh here but so friendly." Another comment we received was, "I think the staff are brilliant."

People could be sure that staff would understand their communication needs. This was because there was clear information about this in people's care plans for staff to follow. Where people had difficulties communicating verbally, we saw that staff gave them time to make their views known. We saw a staff member support a person. They spoke with them and explained what they proposed to do and waited for the person to show that they wanted the support.

People told us that staff supported their privacy and dignity. One person told us, "Well your dignity goes out the window, but staff are so good and respectful you soon get used to them helping you." Another person said, "No issues with privacy or respect staff never just walk into my room they always knock."

Staff were able to describe how they supported people with personal care whilst maintaining their dignity. We were told by one staff member, "I always knock before going into a person's room. We have dignity notices that we use to inform other staff that we are in a person's room carrying out personal care. We always close curtains and cover them with towels when we help with personal care." We observed staff throughout the day knocking before entering people's bedrooms. Staff also ensured people had aprons on at meal times to prevent them becoming soiled with food. This showed that staff promoted people's privacy and dignity.

What we saw and heard showed that the provider promoted dignity in care. For example, there were ten staff who were trained to be 'dignity champions'. This meant that staff were given the knowledge and support to provide care in a dignified manner.

Staff told us that the service was like a big family. One staff member said, "We are able to have a laugh with some residents, banter like in any family. They tease us and we tease them it is lovely." We saw that people appreciated this approach and saw them laughing and smiling.

We received information of concern that a staff member was disrespectful to a person using the service. We spoke with the registered manager about this allegation and we were able to identify the person involved. We spoke with the person and asked if they had ever been treated disrespectfully and in particular about the incident in question. The person told us that they were never treated disrespectfully and they loved the joking about they were able to have with staff. They commented, "I enjoy it, it's banter. I give as good as I get." We did discuss this with the registered manager. Although they knew that it was only 'banter', visitors who did not know the home or the person involved may not be aware. They may think staff were being rude and potentially abusive. The registered manager said they would remind staff to be more aware.

There were several examples of staff being kind and caring to people. We saw that a visitor had brought a memory stick and lap top into the home with the intention of showing their relative a video of their wedding. They were unable to get it to work, a staff member offered their help and took the memory stick away. After a few minutes they returned with another lap top and were able to retrieve the video enabling the person to see the wedding. Another relative told us, "At the end of this month we have a family wedding in America and the staff have organised Skype (video messaging) so [person] can watch the wedding as it happens, how good is that."

People were supported to be as independent as they wanted to be. Their care plans included assessments of their dependency needs. Staff were aware of these and they used the information to encourage and support people to be independent. For example, a person who was prone to falling but liked to walk around the service was supported to do this by staff reminding them to use their mobility frame correctly.

People's relatives were able to visit Woodmarket House without undue restrictions. We saw from the visitor's signing in book that relatives visited the home throughout the day and evening. Visitors we spoke with also confirmed they could visit any time they wanted to. They also added they liked that there were several lounges they could talk with people privately if they needed to.

## Is the service responsive?

### Our findings

People's needs had been assessed prior to moving into the home. This process included looking at, for example, pre-existing health concerns, their safety and communication needs. This helped the registered manager to understand the needs of people and to make sure that the service was able to provide the support they needed.

People could not always recall if they were involved in these assessments. One person told us, "I suspect my daughter helped with that." A relative commented, "I am not involved in his care plan yet but that might be because he is not a permanent resident yet." However another relative told us, "Both [person] and I have been involved in their care plan and can look at it any time, it's in the office." Care plans we looked at did not always show how people and their relatives were involved in creating care plans. We discussed this with the registered manager who told us they would ensure that this was recorded more clearly in future.

People's care plans were focussed on the person's needs because they contained information about their life history and individual preferences. The care plans also contained detailed information about people's assessed needs and how those needs should be met, including taking people's preferences into account. For example, there was information about what time a person preferred to go to bed or get up or if they wanted a daily newspaper. We also saw information available for healthcare professionals if people required a hospital admission. This information included how a person liked to be supported and their medicines they were currently taking.

Staff told us that they developed their knowledge about people they supported from talking with the person and talking with any friends or relatives who may visit. One member of staff told us that they had worked at the service for less than a year and was able to learn from other staff as well as people themselves. They said, "Some staff have worked here a long time and they know people really well." We spoke with one staff member who had worked at the service for many years. They were able to tell us about people's individual preferences and whether someone was a person of faith and how this was met. They told us, "We have people who visit from a local group and the activities organiser will take people if they want to go to church."

People gave mixed views about activities provided at the service. One person told us, "There are things to do if you want to join, I like being in my room but I can join in if I want to." Another person said, "I have a newspaper every day, but sometimes get bored out of my teeth. I join in some of the activities but because of my mobility some activities I find difficult." Another person commented, "I have a daily newspaper and prefer to hear the activities rather than join in. I like my own company." We were also told by a person, "I can get a taxi and go to the pub but with a staff member or a friend. I have a paper every day and can do the crossword which I like doing. Don't very often go to the activities they are too basic for me."

People could participate in arts and crafts activities as well as trips out. During the morning we saw the activities organiser sat with a group of people involving them in knitting. Later that day we saw them also encourage people to be involved in a quiz followed by a sing a long. The activities organiser encouraged people throughout, offering musical instruments for them to play. Photographs were displayed in the

communal areas of different activities and trips people had been supported to attend during the past few months.

People were doing a variety of things during the day including a person who was completing a puzzle book; one person was reading their newspaper and another person sat with a jigsaw. This person was asked and encouraged to join in with the knitting, which they did. Care plans indicated people's interests and detailed where people liked to be involved in activities such as setting tables, folding napkins or assisting with washing up the tea time dishes. The registered manager told us and the rota confirmed that the activities organiser's hours were flexible and depended on what people wanted to do. For example, if people wanted to go out in the evening the activities organiser would work in the evening to ensure people could be supported to go out.

People who used the service and their relatives had access to a complaints procedure. This was displayed in the entrance hall and outside each of the lounges around the service.

People and their relatives told us they knew about the complaints procedure and that they felt comfortable about approaching the registered manager if they had any concerns. One person told us, "I would complain if there was a serious complaint." Another person said, "If I wanted to complain or make a comment I would go and see the manager." Where complaints were received we saw that they had been investigated following the provider's procedures and where lessons could be learnt changes put into practice.

Resident meetings took place every three months where people had opportunities to provide feedback. One person said, "Yes they do have residents meetings, minutes are posted on the board. Oh yes we are not left in the dark here." Relatives told us they knew they could speak with the registered manager at any time.

## Is the service well-led?

### Our findings

People using the service and relatives told us Woodmarket House was a pleasant place to be and that staff were friendly. People, their relatives and staff members spoke positively about the registered manager and how they were approachable and available if they wanted to speak to them. One person told us, "I do see the manager regularly." A relative told us, "I can't believe how well [person] has settled in. The staff are all so friendly."

People using the service and their relatives had opportunities to be involved in discussions about developing the service. These included residents meetings which the registered manager used to keep people up to date with developments at the service and to invite suggestions and ideas. For example, they advised people that they would put photographs of key workers in their bedrooms so they knew who they were. The minutes of the meetings showed that a cross section of people attended and that they were encouraged to bring ideas forward or comment about proposals for activities.

We received feedback from a local funding authority who told us that on the whole the service was good and where action needed to be taken the provider was working with them to make the recommended improvements.

Staff were supported to raise concerns about what they felt was poor practice. Staff members we spoke with told us they were aware of the provider's policies and procedures to report poor practice. They understood their duty of care to report any concerns and who they could report to, including CQC.

There were daily task lists for all staff that outlined their roles and duties such as checking people who were unwell and were choosing to stay in their bedrooms. There was also a provider's staff handbook that was given to staff during their induction that included topics such as confidentiality and equal opportunities.

Staff had opportunities to give their suggestions about how to improve the service. For example, there were staff meetings, that were varied from day to night to ensure as many staff as possible could attend. Staff meetings were also used by the registered manager to remind staff of their responsibilities such as the whistle blowing policy and of any changes to the building such as a planned new wet room to replace one of the bathrooms.

Feedback about the service had been sought by the provider. The registered manager told us that questionnaires had been sent in the last 12 months to people's relatives about the quality of care. The provider had analysed the feedback and was in the processing of preparing a report for the registered manager to share with people. The registered manager had a folder of compliments that the service had received from people who had been happy with the care they or their relative received.

The registered manager understood their responsibilities under the terms of their registration with CQC. They kept us informed of events at the service, such as deaths, accidents and incidents. This was important because it meant that we could monitor the service. They had a clear vision of what they wanted to improve



at the service which they told us about in the Provider Information Return they sent us before the inspection visit.

We saw that the registered manager was being supported by the wider organisation to deliver the care and support as detailed in the provider's statement of purpose. For example, the registered manager was supported in developing and improving the service by the compliance and care standards officer. They monitored the information that the registered manager sent in regard to falls, safeguarding alerts, staffing levels and if environmental improvements needed making.

At the last inspection in April 2016 we found shortfalls in some of the registered manager's audits, particularly infection control and the management of medicines. The registered manager had carried out regular audits to monitor the quality of the service being delivered. We saw that these had been carried out in areas such as people's care files, medicines, equipment and the general environment. We found that these were effective in highlighting ways to improve the service and showed what action needed to be taken. For example, the environment audit had highlighted the need for new furniture and we saw that new chairs and coffee tables were on order. The compliance and care standards officer also told us that the service was due to be redecorated as part of the provider's on going improvements that were being made.

There was a poster showing the ratings we gave at our previous inspection in the entrance hall.