Forthmeadow Limited

Eastwood House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 23 January 2017.

Eastwood House is a care home with 23 places for older people and people living with dementia. On the day of our inspection there were 17 people living at the service.

Eastwood House is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of the inspection the registered manager had left the service and a new manager was in post. They were in the process of submitting their registered manager application with CQC, we will monitor this.

At our last inspection of the service on 14 December 2015 2016 we identified the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured the Mental Capacity Act and Deprivation of Liberty Safeguards were being applied appropriately. At this inspection we found action had been taken to make the required improvements.

People's rights were protected under the Mental Capacity Act 2005. Staff were aware of the principles of this legislation. Correct action had been taken when people lacked mental capacity to consent to their care or if concerns were identified with their freedom and liberty.

Staff had received training in adult safeguarding and therefore were aware of how to protect people from harm. Risks associated to people's needs had been assessed and planned for. However, this information was either limited or missing for some people. Accidents and incidents were recorded, monitored and analysed for themes and patterns and action was taken to reduce further reoccurrence.

Following a fire service audit completed by the local fire authority in September 2016, the provider had an action plan in place to make the required improvements to fire safety.

People's dependency needs were monitored to ensure sufficient staff were available at all times. Some concerns were identified with staffing levels at a particular time of the day. The provider took action and staffing levels increased with immediate effect to meet this shortfall. Staff were recruited through safe recruitment processes.

People received their medicines as prescribed and these were managed correctly.

Staff received an induction, training and appropriate support. There were sufficient experienced, skilled and trained staff available to meet people's needs.

People received a choice of what to eat and drink and these met people's needs and preferences. People were supported appropriately with their healthcare needs and the service worked well with external healthcare professionals.

Staff were caring, kind and compassionate and had a good approach with supporting people. People were involved in opportunities to discuss and review the care and support they received. Information about independent advocacy services was available should people have required this support.

Care plans to support staff to know how to meet people's needs in the main were informative and were reviewed regularly. However, an electronic care record system used was difficult for staff to access and manage, and impacted on the detail and reliability of information recorded about people's needs.

People who used the service, relatives and staff received opportunities to be involved in the development of the service. The manager was clear about the action required to continually improve the service and staff were aware of their role and responsibilities.

The provider had met their regulatory requirements because they had notified us of events and incidents which they are required to do. There were systems in place to monitor the safety and quality of the service provided.

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 were protected from harm because staff understood what action they needed to take to keep people safe.

Risk plans associated to people's needs either lacked detail or were missing in places.

People were supported by a sufficient number of staff, the deployment of staff was an issue that was immediately addressed. New staff completed detailed recruitment checks before they started work.

People received their prescribed medicines and these were managed safely.

Is the service effective?

Good

The service was effective.

Not all staff had received an appropriate induction but this was addressed. Staff received training and support required to meet people's needs.

People's rights were protected by the use of the Mental Capacity Act 2005 when needed.

People received choices of what to eat and drink and menu options met people's individual needs and preferences.

People had the support they needed to maintain good health and the service worked with healthcare professionals to support people appropriately.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and compassionate and people's privacy and dignity were respected.

People and their relatives were involved in decisions about their care.

Advocacy information and support was available for people.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Not all people had a care plan in place to inform staff of how to meet their needs. The system used to develop, monitor and review people's care plans was difficult for staff to assess and manage.

A complaints process was in place and available to people and staff knew how to respond to complaints.

Is the service well-led?

Good

The service was well-led.

People and their relatives were encouraged to contribute to decisions to improve and develop the service.

People and staff were positive about the leadership of the service.

The manager had systems and processes that monitored the quality and safety of the service. The manager was clear about the values and vision of the service and was driving forward improvements.

The provider was aware of their regulatory responsibilities.

Eastwood 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.

This inspection took place on 23 January 2017 and was unannounced. The inspection team consisted of one 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 service.

Before the inspection, the provider completed 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. Before our inspection, we reviewed the PIR and other information we held about the service, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection we observed care and spoke with seven people who used the service and two visiting relatives for their feedback about the service. We also spoke to a visiting healthcare professional, the manager, the cook, a senior member of staff and two care staff. We looked at the relevant parts of the care records of three people, staff recruitment files and other records relating to the management of the service. Including medicines management and the systems in place to monitor quality and safety.

Some of the people who used the service had difficulty communicating with us as they were living with dementia or other mental health conditions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People and visiting relatives were positive that Eastwood House provided a safe environment where staff ensured people's safety at all times. One visiting relative said, "[Family member] has always got people around them, staff keep an eye on them." Another relative told us, "Safe, yes. I've never had any concerns about their [family member's] safety."

Staff were found to be knowledgeable about their role and responsibility in protecting people from avoidable harm including abuse. One staff member told us, "I have no concerns about people's safety here, we've had training in safeguarding adults. I know to report any unexplained bruising, injury or change of behaviour which could indicate abuse."

Information about adult safeguarding was displayed that advised staff, people who used the service and visitors, of the action to take if there were concerns of a safeguarding nature. Safeguarding incidents were minimal and where there had been incidents they had been responded to appropriately.

People told us how risks associated to their needs were managed. One person told us that staff had to use a hoist to help them and that they felt safe when they did this. This person said, "I've confidence in them to keep me safe." People and their relatives told us they were involved in discussions about how risks were managed. Some people were at risk of falls and told us they had been provided with specific equipment such as sensor mats. These alerted staff if people were moving around. We saw where people had been assessed as requiring equipment to keep them safe such as sensor mats, pressure relieving mattresses and cushions these were in place and being used approprailty.

People told us they had no unnecessary restrictions placed upon them. Some people went into the local community independently and could come and go as they pleased. This was confirmed by staff who also said that people who used the service and if appropriate their relative, were involved as fully as possible in how risks were managed. Records confirmed what we were told.

We found examples of people's risk plans that advised staff of the action required to manage known risks. These were reviewed regularly and when changes occurred were updated. However, we found risk plans were missing for some people where they were needed to support staff to provide safe and effective care. For example, one person had a catheter and another person had diabetes and whilst care plans had been completed, risk plans were not in place to support staff of the action required if the person became unwell with their conditions. We discussed this with the manager who said they would take immediate action to complete these risk assessments.

We observed staff provided safe and effective care when supporting people. We noted that staff were present in the communal areas to ensure people remained safe. We saw that when one person got up from their chair in the lounge, a pressure pad alarm sounded and a staff member came immediately.

We spoke with an external healthcare professional from the community falls team. They worked closely with

the staff and said appropriate and effective action was taken with regard to falls management. This included timely referrals to the falls service and recommendations were followed to reduce fall risks which had declined in the last few months.

Personal had emergency evacuation plans were in place that informed staff of people's support needs in the event of an emergency evacuation of the building. The provider also had a business continuity plan in place and available for staff that advised them of action to take in the event of an incident affecting the service.

Safety checks and maintainanace were completed for the environment, premises and equipment. We were aware that the fire authority had served a safety deficiencies notice in September 2016. We saw the provider had an action plan in place that confirmed appropriate action had been completed in some parts. Timescales were in place for the remaining improvements to be fully completed.

People told us that generally they felt there were enough staff available. One person said, "Plenty of staff, yes." A visiting relative told us, "I think they [staff] cope. They've always got time to have a chat or if I need to ask questions, they are pretty good, give me time."

Staff told us what the staffing levels were and raised concerns that in an afternoon staffing levels reduced and this impacted on the quality and safety provided to people. The manager said that they were aware of these concerns and were in discussion with the provider of how improvements could be made. They said that they reviewed people's dependency needs at monthly meetings with the provider's representative. The day after our inspection we received confirmation from the manager that an agreement had been reached and staffing levels had been increased with immediate effect.

We found staff were organised and provided safe care and support. Response times to calls for assistance were within appropriate timescales. We found there were appropriate numbers of staff on duty on the day of our inspection and deployed appropriately to meet people's needs. Staff on duty had a good mix of experience, knowledge and skills.

The provider operated an effective recruitment process to ensure that staff employed were suitable to work at the service. Staff we spoke with confirmed they had undertaken appropriate checks before starting work. We looked at three staff files and we saw all the required checks had been carried out. This showed that the manager followed robust recruitment practices to keep people safe.

People told us that their medicines were managed safely. One person said, "I get my medicines regularly on time." A visiting relative told us, "They [staff] deal with all that [medicines]. I have no concerns."

During lunchtime we observed a staff member administered people's medicines. We saw they did this safely and good practice guidance was followed.

Medicine Administration records (MAR) were used to confirm each person received their medicines at the correct time and as written on their prescription. We saw these had been fully completed and confirmed people had received their medicines correctly. Each MAR provided staff with clear information they needed to know to administer medicines safely.

Medicines prescribed as and when required, had protocols in place that advised staff of when to administer this medicine and what the maximum dosage should be within a 24 hour period. Audits and checks were in place to monitor that medicines were managed safely. We did a sample stock check of medicines and found one discrepancy where a person had a medicine not recorded on their MAR. The staff member concluded

this had been discontinued but had not been removed from the stock of current medicines. Medicines were stored safely and room temperatures were taken daily and these were seen to be within safe limits.

Good

Is the service effective?

Our findings

At our last inspection of the service we identified a breach with Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the Deprivation of Liberty Safeguards had not been applied to protect people's freedom and liberty. At this inspection we found improvements had been made.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

We found where concerns had been identified about people's freedom and liberty applications had been made to the supervisory body appropriately. Three people had authorisations in place but some staff were not aware of whose these people were. The manager said they had shared this information with staff but would discuss this with them again. We saw where people lacked the mental capacity to consent to some specific decisions; MCA assessments and best interest decisions had been completed appropriately. We identified that some people were not able to consent to how their medicines were managed or to having a sensor mat that alerted staff if they moved due to being at risk of falling. The manager told us they would take immediate action to complete MCA assessments. This included the involvement of others such as relatives and external health care professionals in best interest decisions. After our inspection the manager confirmed these had been completed.

Staff understood the principles of both MCA and DoLS. One staff member said, "We support people with choices and decisions, some people have others that can consent on their behalf. We can make best interest decisions for day to day things and involve others in bigger decisions."

Staff had received MCA and DoLS training and records confirmed refresher training had been planned for March 2017. Staff also had a policy and procedure to support them.

Some people were living with dementia and experienced periods of increased anxiety and agitation. People who lived at the service and visiting relatives told us in their opinion, they felt staff supported people well during these times.

We found staff had information and guidance of how to support people with any behaviour associated to their mental health needs. We spoke with an outreach dementia practitioner who visited the service

regularly. They were positive how staff supported the needs of people living with dementia and how any associated behaviours were responded to.

We saw examples of do not attempt cardio-pulmonary resuscitation orders (DNACPR) in place. From the sample we saw these had been completed appropriately. Some people had 'Lasting power of attorney' (LPA). This means another person has the legal authority to make decisions on behalf of a person who lacks mental capacity to make decisions for themselves. This told us that people's rights were understood and protected.

We identified three staff had not received an induction on commencement of their employment. Staff said that this was during the period the previous registered manager left and the start of the new manager. We discussed this with the manager who agreed to make arrangements for these staff to complete their induction as a matter of priority. Other staff had received an induction that included the Skills for Care Certificate. The certificate is a set of standards that health and social care workers are expected to adhere to.

Staff told us about the training opportunities they had received in the last 12 months. This included, moving and handling, infection control, catheter care and urinary tract infections. One staff member said, "The training provider has recently changed and they are much better."

We looked at the staff training plan and training certificates that confirmed staff had received training. However, the training plan showed gaps in the completion of refresher training in a number of areas. The manager told us that they had identified some shortfalls in staff training and had arranged for training to be provided. We saw information on display for staff of the training dates as described to us. This included, person centred practice, communication and documentation and fire training. The manager said they had a meeting with the new training provider the day after our inspection to discuss further training required. After our inspection the manager forward us training dates to confirm all the shortfalls in training had been addressed.

Staff were positive about the support they received from the manager. One staff member said, "We have one to one meetings about every six weeks but you can ask for an additional one. I like them you can say how you feel, we get praised for our work and learn from mistakes." We saw records of regular meetings between the manager and provider's representative. These included a review of staff's performance. This told us that people could be assured staff were monitored and supported appropriately for them to be effective in their work.

People told us that the food was good and that they had a choice of what to eat and drink. One person said, "The food is alright, cooked fresh every day, enough? Yes. They [staff] ask me if I want anymore." Another person added, "It varies but it's usually good, no complaints. I usually get most things I ask for, and more than enough."

We observed people's lunchtime experience. This was a positive experience where staff were attentive and supportive, ensuring people had the required assistance they needed. People's independence was promoted. For example, we saw staff asked people if they wanted any assistance with their meal and waited for a response before intervening. As staff served people their meals they provided explanation and ensured the person had cutlery and condiments to hand before leaving them. We also observed people received a choice of drinks and snacks throughout the day. This included home-made cake, biscuits or fresh fruit

We saw there were good stocks of food that was stored correctly. There was a menu with a five week

rotation which the cook told us they were reviewing and that they would be adding a more varied choice. Information about people's needs and preferences were available for kitchen staff, this included recommendations from healthcare professional such as people that required a soft diet due to needs around swallowing or who required specific diets due to having diabetes.

People's nutritional needs had been assessed and planned for including consideration to religious or cultural dietary needs. This included monitoring people's food and fluid intake and weight to enable action to be taken if concerns were identified. We saw these records were up to date and action had been taken in a timely manner to respond to any changes.

People told us that their health and well-being were responded to effectively. A visiting relative said, "The GP comes in when [family member] needs it, staff call them and then they call me to let me know." We were told that an optician visited the service and we saw a notice displayed for people advertising a mobile dentist's visited the service.

Staff were knowledgeable about people's health needs and the action required to support people. For example, staff told us clearly and confidently how they supported people effectively with diabetes and catheter care. This told us people could be assured their health needs were known and understood by staff.

People's care records showed that staff worked with healthcare professionals to meet people's needs. Recommendations made were seen to be followed and referrals to external professionals were completed in a timely manner.

Good

Is the service caring?

Our findings

People spoke positively about the staff at the service and described them as caring. One person said, "The staff are very good, I don't think there's a bad one amongst them. They're very caring." Another person told us, "I've been in two or three homes, this is the best I've been in."

Additionally, relatives were all positive about the care and approach of staff. A visiting relative told us, "I've never seen anything that caused me concern." Another relative added, "[Family member] seems ok and they would tell us if they wasn't. Since they've been here we've been quite happy." This relative went on to say, "I've known a lot of homes and this is one of the better homes."

Staff were positive about working at the service whom all said that the service had greatly improved in recent months, and that this had a positive impact on people who used the service. One staff member said, "There have been many positive changes of late. It's a nice small home, we're like a family. I treat people as I would like my grandparents treated." Another staff member told us, "I absolutely love working here, because it's a small home we know each individual person really well, I like coming to work." We found staff were knowledgeable about people's needs, preferences and routines. This told us people could be assured that staff knew and understood what was important to them.

All the interactions we observed between staff and people who used the service were positive social opportunities. The care we saw was clearly personalised to people's individual needs and the manager had a clear understanding and approach to providing person centred care.

Staff responded to people's comfort needs quickly and respectfully. For example a person asked a staff member if they could be transferred from their wheelchair to an easy chair. The staff member immediately said, "Certainly I'll just get someone to help me." We saw that the staff immediately fetched a colleague and they supported the person to transfer. Staff were gentle and explained what they were doing and what they wanted the person to do. We saw they spoke to the person all the time giving praise and encouragement. After the person was seated in the easy chair a staff member ensured they were comfortable and then got them a cup of tea and a piece of cake. We saw how staff had supported a person living with dementia to have a toy that represented a baby that gave them great comfort.

We observed staff took time to engage with individuals and address their needs and anxieties using a kind, caring and a reassuring approach. Staff constantly offered assistance and reassurance where necessary. Staff used physical closeness such as holding hands and stroking to offer comfort and understanding. We observed a staff member noticed a person asleep over their cake in the lounge. The staff member gently woke the person by stroking their arm and addressing them using their title and surname before using their forename. We saw the staff member then encouraged the person to have a drink.

People were seen to be fully at ease in the present of staff and responded positively to staffs interaction and approach. For example, we observed a staff member chatting with three people in the lounge. We saw they took time to do this and that the people were engaging with them, reminiscing about knitting and babies.

This told us that positive caring relationships had been developed between staff and people who used the service. .

Staff clearly demonstrated they had time for people which demonstrated to people that they were important and they mattered. For example, when staff were carrying out tasks such as serving meals, they took the opportunity to interact and engage with people, chatting to them, asking how they were and making sure they were comfortable and happy.

People told us that staff respected their privacy and dignity and promoted their independence. One person said, "I wash myself but I have baths and they [staff] do lower me in and out of that. They let me keep my independence, they would dry me but I try and do it myself, they respect that." Another person told us, "Staff close the door and curtains when washing me." A visiting relative said, "Staff do treat them [family member] with respect and dignity, talk to them really well, with respect."

We observed staff were discreet and sensitive whilst supporting people. For example, we saw a person tell a member of staff that they wanted to go to the toilet. The staff member discreetly responded to the person telling them they would get a colleague to help transfer them, this was done immediately. Staff were also observed to encourage independence. We saw that when assisting a person with their meal a staff member put food on a spoon but then allowed the person to feed themselves just guiding the person's hand when necessary and constantly giving encouragement and praise.

Staff used effective communication and listening skills. Staff easily picked up on non-verbal communication used by people to express themselves, such as gestures and body language. We saw that when a staff member asked a person if they wanted a drink they knelt down to eye level with the person, and held their hand as they spoke with them.

Information about independent advocacy support was available. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. An independent advocacy service also visited the service on a regular basis and spoke with people. The manager said that this gave people the opportunity to raise any issues or concerns and was a support to people. This meant should people have required additional support or advice, the provider had made this information available to them. We also saw other information about the service was presented in an appropriate and user friendly way that was supportive to people with communication needs.

People told us that there were no restrictions about when their family and friends visited and this was confirmed by visiting relatives. The importance of confidentiality was understood and respected by staff and confidential information was stored safely.

Requires Improvement

Is the service responsive?

Our findings

People and their relatives where appropriate, had been involved as fully as possible in the pre-admission assessment. We saw records that confirmed this. These assessments are important to ensure the provider can meet people's individual needs before admission to the service to enable staff to provide a responsive and personalised service. Care plans were then developed to support staff to understand what people's diverse needs were and how to respond using a person centred approach.

The provider used an electronic system to develop care plans. All staff raised concerns about the system used and said it was not effective. The manager also confirmed that they had expericined difficulties, in that the system generated care plans that provided limited personalised information. Staff could not access the main computer to view care plans. The manager was in the process of reviewing people's care records and producing additional paper care files for staff to have better access to the information they required. However, until this was completed there was a risk that staff may not have access to people's care plan documentation at a time they needed it.

We looked at some people's care plans and found they provided staff with limited information. One person's healthcare needs had recently and significantly changed and they required additional support. Care plans had not been completed to reflect these changes. We discussed this with the manager who took immediate action and contacted the community nurse who visited during our inspection. The manager with the support of the community nurse completed the required care plans. This ensured the person's deterioration in health was understood and could be responded to appropriately.

Staff used three electronic tablets to record people's daily activities, including food and fluid, weights, repositioning, behavioural needs and health appointments attended. We found one of these tablets was not working. Staff showed us how they used these tablets to record information and said that they frequently experienced difficulties with how and where information was stored. We found the tablets were very difficult to use and navigate. We saw examples where people's information was recorded under the wrong person's name. The manager said that the system used was also difficult to review and monitor people's needs. They told us that they had a meeting arranged with the provider to discuss the difficulties with the electronic system to make sure improvements would be made.

People told us that they received opportunities to participate in activities of interest to them. They said that the service employed an activities person that worked in the afternoons during the week. One person said, "We've got games in the afternoon, a man comes in at 1 o'clock and brings games, dominoes, bingo, cards. Most people join in." Another person told us, "I go to church and coffee mornings."

Staff told us that people had, "partied all December, every week we had an entertainer. We had a nativity, made our own costumes, had a party, had a family lunch." We saw photograph displays of events provided during 2016. These included a vintage dress workshop, a rock and roll party, a McMillan fundraising event, a trip to local pub, a Halloween party and flower arranging. This told us that people had a variety of activities and events they could participate in if they choose.

During our inspection we saw that the local vicar and two people from the local church visited and provided a short service. Staff told us that the church and the home had a close relationship for the last eight years and that these services were regular monthly events. We saw that people joined in the singing and readings and that they enjoyed the service.

We saw the activity person tried to engage some people in making valentine cards. Karaoke was also provided, we saw a staff member holding hands with a person who was sitting in an easy chair and 'dancing' to the music.

We found staff worked well to provide a responsive service based on people's interests. For example, we heard staff discussing how they could transport a small greenhouse to the service so that one person could enjoy their love of gardening. We were told how staff had helped this person pot small conifers at Christmas time to be sold at the Christmas party.

Awareness of, and involvement in care planning was mixed. One visiting relative said, "Not as I remember [referring to reviewing care plans] we did one before [family member] came in, they [staff] came out to their home so was a bit ago. I've not seen anything since but I suppose if I asked they'd let me see it."

We saw some examples from people's care records that demonstrated people had received opportunities to meet with the manager to discuss and review the care and support they received. The manager said they were reviewing people's care plans and were arranging meetings to include the person and their relative, if appropriate, to review the support provided. We saw records that confirmed what we were told.

People told us that any issues or complaints were listened to and responded by the manager.
One person told us that they had complained, "about noise at night, staff shouting about, hoovering up, washing up at 4 o'clock in the morning. And the noise of the fan in the toilet next door. The fan gets on your nerves, especially at night. And the lift on the other side." Whilst talking to the person in their room we did notice that the sound of the fan was intrusive. We raised this issue with the manager who told us that the person had been offered another room but had declined. The manager added that they had spoken with night staff and would speak with the provider about other action that could be taken. Another person said, "You can say anything to them [staff] but I've no problems." A visiting relative said, "I've no complaints but could go to the manager."

We saw that the complaints procedure was displayed on a wall at the end of a corridor but this was not clearly visible to people. The complaints log showed one complaint had been received since our last inspection and this had been responded to appropriately and closed.

Good

Is the service well-led?

Our findings

As part of the provider's quality assurance system people and their relatives were invited to attend meetings and complete surveys to give their views and experience of the service. One person told us, "They haven't had resident meetings but they are starting now. I've been to a couple, they were good, and they [staff] listen to you. Some people's relatives came." Another person said, "They have resident meetings and there's one due shortly. I've been to one or two. They deal with things like quality of food, any complaints, is your room still alright, are you satisfied with things. They do listen to you." A visiting relative told us, "I know about them [meetings], they [staff] informed me the other day but I've never been." We saw records that confirmed what we were told.

People told us that they also received opportunities to complete questionnaires as an additional method to share their views about the service. A visiting relative told us, "I did fill in one of those questionnaires, I put on there that they could do with one or two more activities and manager took time to explain exactly what they did do. If I raise concerns about anything they listen."

The manager showed us feedback questionnaires returned during 2016. They said that whilst these had not been formally analysed these or had an action plan in place, they had made changes as a direct result to feedback received. An example was the employment of an activity coordinator who we saw on duty on the day of our inspection.

People who used the service and visiting relatives spoke positively about the manager who they described as approachable. People told us that the manager had introduced changes that they regarded as being better. One person said about the staff, "They do knock on your door before entering, but that's a relatively new thing. They didn't use to."

A visiting relative told us, "I've spoken to the manager a couple of times. I can talk to her. I took up some concerns about my [family member] spending money, the records have gone computerised, she said I can always look at those records."

We received positive feedback from external healthcare professionals that visited the service. They said they had seen positive changes under the leadership of the manager. This included having good communication and working well with them to improve people's outcomes with their health and well-being.

Staff described the manager as, approachable, supportive and that they had clear standards and expectations of staff. One staff member said, "We now have regular staff meetings, any issues the manager listens and sorts it out, they're good at that, They've made improvements in all areas."

A manager was in post who was in the process of submitting their registered manager application form. We saw that all conditions of registration with the CQC were being met.

Staff were aware of the provider's whistleblowing policy. A 'whistle-blower' is a person who exposes any kind

of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff told us that they would not hesitate to act on any concerns and were confident their concerns would be addressed.

The provider's statement of purpose and service user guide provided information about what people could expect from the service. This included the provider's vision and values. We found staff understood these and demonstrated them in their day to day work.

The manager told us about quality assurance systems and processes in place that monitored the quality and safety of the service. This involved daily, weekly and monthly audits and we saw these records included areas such as staff training, supervisions, care records, health and safety. The manager demonstrated they were organised and that they had plans to continually make improvements to the service. Their main focus was to improve the system used to develop care plans and risk assessments to make it more accessible and user friendly and effective for staff. The manager also had plans in place for staff to receive refresher training with an emphasis on supporting staff to further develop their understanding of person centred approaches in the delivery of care and support.

The provider's representatives visited the service on a monthly basis where they met with the manager to discuss how the service was operating and what action was required to further develop the service. We saw records that showed where improvements had been identified and plans were in place to make these required changes. This told us that the provider was continually reviewing and improving the service.