Ashwood Park Healthcare Ltd

Cumbria House Care Home

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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 1 August 2018. The inspection was unannounced.

Cumbria House Care Home is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Cumbria House Care Home provides accommodation and support for up to 32 older people. There were 24 people living at the service at the time of our inspection. People had varying care needs. Some people were living with dementia, some people had diabetes or had Parkinson's disease, some people required support with their mobility around the home and others were able to walk around independently.

A registered manager was employed at the service by the provider. 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 our last inspection on 5 July 2017, the service was rated as 'Requires Improvement'. We found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Peoples preferences and requirements around their food and how this was delivered was not always person centred. We also made a recommendation to the provider that they provide better evidence of their oversight of all aspects of service delivery. At this inspection we found the provider and registered manager had made the necessary improvements to meet the regulations and achieve a rating of 'Good'.

People were now complimentary about the food and snacks available. There was variety and choice at mealtimes. People told us they had access to plenty of drinks throughout the day. People's specific dietary needs were known about and catered for.

Staff were now careful to make sure they recorded the food and fluids people had, where this was required, to ensure people maintained their health.

A comprehensive range of quality auditing processes were in place to check the safety and quality of the service provided. Action was taken where improvements were needed. The provider now held a governance meeting once a month to ensure their clear oversight of the service they provided.

Staff were aware of their responsibilities in keeping people safe and reporting any suspicions of abuse. Staff knew what the reporting procedures were and were confident their concerns would be listened to by the registered manager.

Individual risks were identified and steps were taken to reduce and control risk. Staff had the guidance they needed to support people to maintain and improve their independence while at the same time preventing

harm. Accidents and incidents were appropriately recorded by staff; action was taken and followed up by the registered manager.

The procedures for the administration of people's prescribed medicines were managed and recorded appropriately so people received their medicines in a safe way. Regular audits of medicines were undertaken to ensure safe procedures continued to be followed and action was taken when errors were made.

The registered manager and deputy manager carried out a comprehensive initial assessment with people before they moved in to the service. People were fully involved in the assessment, together with their relatives where appropriate. Care plans were developed and regularly updated and reviewed to consider people's changing needs. People's specific needs were taken account of and addressed in care planning to ensure equality of access to services.

People had access to a range of activities to choose from. Some people preferred their own company and wished to spend time in their room reading or watching TV and this was respected by staff. People were asked their views of the service and action was taken to make improvements where necessary.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible according to the basic principles of the Mental Capacity Act 2005. The policies and systems in the service supported this practice.

People were supported to access healthcare professionals when they needed advice or treatment. The registered manager had developed good relationships with local health care professionals and referred people when they needed.

There was clear evidence of the caring approach of staff. People and their relatives were happy about the staff who supported them, describing them as caring, saying they were confident in the care they received. Staff knew people well and were able to respond to their needs on an individual basis.

Suitable numbers of staff were available to provide the individualised care and support people were assessed as requiring. The provider used safe recruitment practices so only suitable staff were employed to work with people who required care and support.

Staff were supported well by the registered manager and the deputy manager. Staff told us they were approachable and listened to their views and suggestions. Training was up to date and staff were encouraged to pursue their personal development. Staff had the opportunity to take part in one to one supervision meetings to support their success in their role. Regular staff meetings were held to aid communication within the team and to provide updates and feedback.

All the appropriate maintenance of the premises and servicing of equipment was carried out at suitable intervals.

People and their relatives thought the service was well run. People knew the registered manager and the deputy manager well and were very happy with the service provided.

Further information is in the detailed findings below.

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.

Staff knew how to protect people from abuse.

Risks were assessed, and steps taken to mitigate against them.

Medicines were being managed safely.

There were enough staff to meet people's needs.

People were protected from the spread of infection by prevention and control processes.

Accidents and incidents were reported by staff in line with the provider's policy.

Is the service effective?

Good

The service was effective.

People's nutrition and hydration needs were being met.

People's needs were assessed in line with current legislation.

Staff had received the training and had the skills to meet people's needs. They were supported in their role through a supervision process.

Staff worked across organisations to help deliver effective care, support and treatment.

People's needs were met by the design and adaptation of the premises.

Staff were knowledgeable about the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect.

People were supported to express their views and told us they were involved in making decisions about their care.

People's privacy, dignity and independence were promoted and respected.

Is the service responsive?

Good

The service was responsive.

People's care was provided in a personalised way.

A range of activities were planned for people to take part in if they wished.

People were encouraged to maintain relationships with those who mattered to them.

People told us they were confident to raise complaints about the care and support they received.

People were supported to voice their wishes to plan for the end of their life.

Is the service well-led?

Good

The service was well led.

Quality assurance systems were effective in ensuring shortfalls in service delivery were identified and rectified.

People, their families and staff were encouraged to be engaged and involved with the service.

The registered manager had notified CQC of all significant events.

There were close links with the local community.

Cumbria House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 1 August 2018. The inspection was unannounced. The inspection was carried out by one inspector and one 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 the service does well and improvements they plan to make. We also looked at notifications about important events that had taken place in the service which the provider is required to tell us by law. We used this information to help us plan our inspection.

We spoke with 13 people who lived at the service and five relatives, to gain their views and experience of the service provided. We also spoke to the registered manager, the deputy manager and three staff. We received feedback from one healthcare professional.

We spent time observing the care provided and the interaction between staff and people. We looked at three people's care files, medicine administration records, three staff records including recruitment and supervision as well as staff training records, the staff rota and staff team meeting minutes. We spent time looking at the provider's records such as; policies and procedures, auditing and monitoring systems, complaints and incident and accident recording systems. We also looked at residents and relatives meeting minutes and surveys.

We asked the registered manager to send us information following the inspection and they sent this within the time requested.

Good

Is the service safe?

Our findings

The people we spoke with were happy living at Cumbria House Care Home and told us they felt safe. The comments from people included, "I feel safe, people are pleasant and friendly"; "I feel safe because of the way they look after me, they help me but let me keep my independence"; "I feel safe living here, there is someone around all the time"; "Quite happy here."

The registered manager promoted an environment where people were kept safe. Staff had a good understanding of their responsibilities in protecting the people in their care from abuse. Staff were confident the registered manager would deal quickly and appropriately with any concerns raised, however they were aware they could report outside of the service if their concerns were not dealt with. One staff member said, "I would definitely whistleblow if I needed to. I know the manager would act straight away. This is their (people's) home and none of us would have a job without them."

Individual risks had been assessed and the necessary steps put in place to prevent harm. Risks in relation to personal care had been assessed for each person and measures put in place to control the risk. Where people required support with moving around, a moving and handling assessment identified the areas of risk and the support staff needed to give to keep people safe. A relative told us, "Due to mum having a couple of falls they have moved her from upstairs to a ground floor room so they can keep a better eye on her." One person could partly weight bear but required the use of a standing aid and two staff to assist them to move from one area to another. For example, from their bed to a chair and vice versa. Their assessment gave comprehensive instructions for staff to follow to control the risk of their falling or being injured. The assessment was clearly person centred, describing the specific support the person needed to help them to feel safe.

Nutritional risk assessments were used to determine if people were at risk of malnutrition. Measures were taken where people were found to be at risk, such as poor appetite or swallowing difficulties. The measures taken included, weighing people regularly and calculating their BMI to determine the next steps if a reduction was noted. BMI is a way of calculating if people are underweight or overweight by measuring height and weight. A graph was used to plot the results. This showed quickly if a deterioration in weight and BMI were evident. Risk assessments were reviewed every month, unless people's circumstances changed, to make sure all details continued to be correct.

The administration of people's medicines were managed well, keeping people safe from the risks associated with prescribed medicines. The ordering, storage and disposal of medicines were well organised. Medicines administration records were neatly recorded with legible signatures and no gaps in recording. Medicines were administered by trained staff who had their competency checked regularly. Guidance was available for staff administering medicines including what they were used for and any side effects to look out for. PRN (as and when necessary) protocols were in place which clearly showed the reasons medicines such as inhalers or paracetamol were prescribed and when they should be administered.

People's prescribed creams were kept in their bedrooms so that staff had easy access to them when

applying. Creams were kept in a locked drawer and a risk assessment was in place for each person to ensure safety measures such as this were followed by staff.

Staff recorded accidents and incidents, describing the incident, the action taken such as observation or seeking medical help, and the outcome. The registered manager completed an analysis of accidents and incidents each month. They monitored incidents and recorded their findings to check for trends. This helped the registered manager to identify themes such as times of the day falls happened or if falls were witnessed or unwitnessed. Safeguards were put in place if common themes were found. The registered manager had identified risk areas as a result of analysing incidents and learning lessons, resulting in reduced incidents of falls and improved outcomes for people.

The service was clean and smelled fresh from the outset of the inspection. Domestic staff were employed to take care of the cleaning. Staff were responsible for doing the laundry. One person said, "Cleaning and laundry is good." Another person commented, "Cleaning and laundry is excellent" and a relative told us, "Everywhere is always very clean and tidy." Staff completed two types of infection control training. All staff completed a workbook which was sent off for marking. A trainer then attended the service to provide infection control training with a group of staff. Personal protective equipment (PPE) such as disposable gloves and aprons were available for staff to use when providing personal care. This helped to prevent the spread of infection.

People felt confident there were enough staff to meet their needs, "I think there are enough staff"; "I think there are enough staff now but they were a bit short staffed for a while"; "I think there are enough staff, there is always someone you can ask if you want something."

The provider had continued to employ a suitable number of staff to provide the care and support people living at Cumbria House Care Home required. The registered manager used a dependency assessment tool to calculate the needs of people living in the service. This helped to ensure they had enough staff available to meet the assessed needs of people. They had recently identified that due to increasing need through the night, an extra member of night staff was required. They were in the process of recruiting two new members of staff to cover this. Staff confirmed there were enough staff employed to meet the needs of people living at the service. One staff member said, "There are enough staff through the day but we do absolutely need three staff at night and I know they are recruiting to this."

Safe recruitment practices continued to be followed to ensure that staff were suitable to support people living in the service. The appropriate checks such as DBS and references were completed. A DBS check highlights any issues there may be about staff having criminal convictions or if they are barred from working with people who need safeguarding.

People had a comprehensive individual personal emergency evacuation plan (PEEP) in place. A PEEP sets out the specific physical, communication and equipment requirements that each person has to ensure they could be safely evacuated from the service in the event of an emergency. Servicing of fire equipment and regular fire drills were carried out to keep people safe.

All essential maintenance works and servicing were carried out at suitable intervals by the appropriate professional services.

Good

Is the service effective?

Our findings

At our last inspection on 5 July 2017 we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to people's preferences and requirements around their food and how this was delivered, which was not always person centred.

At this inspection we found the necessary improvements had been made and the service was now compliant with regulation 9. The registered manager had ensured a more person centred approach was taken to people's dietary needs and personal food choices. A new cook had been appointed and the registered manager had introduced new food and fluid charts which were monitored regularly. We observed and people confirmed that there were no concerns with food and mealtimes.

We only received positive comments about the food. People told us, "The new chef is a lot better, there is a choice but no problem if you don't like any of the choices they will always find you an alternative"; "Food is very good indeed they come round the day before and give us a choice of two meals. I'm not keen on salad but they always find something I like"; "Food is fine and we get plenty of drinks"; "Food is very good, no complaints and plenty of drinks." Relatives were equally impressed and we received comments such as, "The food is excellent" and "Soft food is fed to mum by a carer (staff)."

People who were at risk of malnutrition or dehydration had food and fluid charts so the registered manager could monitor their intake. The registered manager had spent time developing a form that could be used effectively for the purpose. Staff were responsible for recording what people had eaten or drank and how much they had taken. We saw that records were well kept by staff which reduced the risk of people not receiving timely support from a healthcare professional if required.

People's needs were assessed and their care was planned to ensure their needs were met. The registered manager and deputy manager carried out an initial assessment before people moved in to the service. People, and their family members where appropriate, were fully involved in the process. The assessment covered the person's needs in relation to their, mobility; personal care; eating and drinking; history of falls; medical diagnoses. The assessment identified what support was needed and this was used to develop the care plan. This enabled the registered manager to make an informed decision that the staff team had the skills and experience necessary to support people with their assessed needs. The registered manager told us they had received a number of referrals recently where they had made the decision they were not able to meet people's needs and therefore did not agree to their admission. There were processes in place to ensure there was no discrimination under the Equality Act when making care and support decisions.

The registered manager told us they asked people if they had specific equality and diversity needs during the assessment process. They said they were not aware that they were supporting anyone with lesbian, gay, bisexual or transgender (LGBT) needs. Although they were aware some people may wish to keep some elements of their personal life secret. However, they said they had supported people from the LGBT community in the past and gave us three examples of people and couples who had previously lived in the service.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA 2005). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Mental capacity assessments had been undertaken where it was understood people may not have the capacity to understand and retain the information necessary to consent to their care and support. Where people were found to have lacked the capacity to make this decision the registered manager had made the appropriate DoLS applications to the local supervising authority.

Staff were knowledgeable about the MCA 2005 and how it related to their work supporting people with their day to day lives. The registered manager made sure decisions were made in people's best interests, by involving others who were involved in their lives, if they lacked the capacity to make their own decisions. Care plans clearly documented if people were able to make their own choices and decisions and when people may require support with some more complex decisions. For example, one person had given a Lasting Power of Attorney for their health and welfare to their relative. This meant the relative was able to make decisions relating to health and welfare on the person's behalf if necessary. This was clearly recorded and records showed when the relative had been involved.

People were supported to maintain their health. One person had a history of urine infections, a risk assessment described what signs to look out for so staff could prevent deterioration by taking early action. The management and staff team maintained good relationships with healthcare professionals and referrals were made to the appropriate teams including, GP, dietician, district nurse or speech and language therapists. Comprehensive records were kept of referrals, appointments and visits. Care plans and risk assessments were updated following advice and guidance given about people's care and treatment. One healthcare professional told us, "Staff are always very helpful and know people well. They can answer any queries we have and if they are not sure they go away and find out."

People's needs were met by the design, adaptation and decoration of the premises. The service was set over two floors with a lift to make sure people could access any part of the building. The gardens were accessible for people who could go out and enjoy the outside space when they wished. One person said, "I use the garden when I've got visitors" and another person commented, "I use the garden if it's nice." The rooms we saw were spacious, well decorated and clean and tidy. There were communal areas for people and their relatives to have private conversations.

Staff told us they continued to receive the training and updates they required to successfully carry out their role. Training records confirmed this was the case. One staff member described the training, a mixture of training sessions with a trainer who visited the service and workbooks to complete. The staff member told us they had the opportunity to take part in distance learning courses. These could be completed fully online or an assessor visited some staff who were not as confident on the computer and they completed their training on paper. The staff member said, "I have just completed an in-depth end of life distance learning course. It took quite a while to complete. It was very good. Another staff member is doing a team leader course."

Staff continued to have regular one to one supervision meetings and an annual appraisal of their work performance with the registered manager. This was to provide opportunities for staff to discuss their performance, development and training needs and for the registered manager to monitor this. Records showed the registered manager had raised areas for improvement with staff as well as praising good performance. Staff were supported in their role to make sure they had the skills and experience to provide good quality care and support to people.

Good

Is the service caring?

Our findings

The people living at Cumbria Care Home told us they thought the staff were kind and caring and they were happy living there. The comments we received included, "The atmosphere here is good, it's really 100% plus"; "Staff very kind and caring"; "Treated very well, they (staff) can't do enough for me"; "This is my home now I am very happy here." Relatives were also complimentary about the staff, some said, "Overall we could not have done any better"; "Happy with the care"; "The staff give a friendly atmosphere to the place."

Staff told us that the registered manager was always visible around the service. One member of staff said, "They are always out talking to people. I can ask them to go and see someone and they will do it straight away." We heard the registered manager speaking to a person who had moved in very recently, asking how they were and if they slept well. The person responded that they hadn't slept very well but it was difficult to get used to the bed. The registered manager told the person they had heard from night staff this had been an issue and they could bring their own bed if they wished. One person had their own double bed in their room. They told us, "I've got my own double bed; I fell out of the single bed so they asked me if I had my own so I brought in my own double. I've got a lot of my own furniture." People were able to personalise their room with their own belongings if they wished which helped them to feel comfortable.

People's relatives and friends could visit whenever they wished. The relatives we spoke with confirmed this, "Free to visit when we like and we are always made welcome"; "Feel welcome and always offered a drink"; "I get offered tea as soon as I arrive." A member of staff told us, "I would not put my parents somewhere I didn't like – and I would be happy for them to come here."

Staff were respectful of people and their privacy. People confirmed this, one person told us, "Staff always knock on the door before they come into my room." Staff used privacy signs when assisting people with personal care in their bedrooms. A sign saying, 'Personal care in progress – do not disturb' was placed on the front of the door to make sure no one entered at that time.

We heard staff speaking to people in a respectful manner throughout the day. They clearly knew people well and were able to have a joke and a chat with people while going about their work. A relative said to us, "The staff always speak to mum respectfully." Staff told us that since the increase in staffing numbers a few months ago they had time to sit and chat with people through the day.

People were supported to express their views and be actively involved in making decisions about their care and support. One person told us, "I usually have a weekly shower but I didn't have one today as I didn't feel like it. There is no pressure from the staff, you can make your own decisions." Another person said, "My care plan is reviewed regularly."

People were supported to maintain and increase their independence. One person told us, "If I want help they'll (staff) come and help me but I like to do it myself, I like to stay independent" and another said, "Staff come up for me when it's mealtime. I can walk down on my own but they like to keep an eye on me." People

were walking around the service independently or with their walking aids and were encouraged to do this. Others needed staff to help them and staff would walk alongside to give people confidence but supporting them to make their own way. One staff member described how they helped people to be as independent as possible, they said, "We encourage people to walk to the bathroom themselves. It might be risky but it is important that people can do this for as long as possible."

A healthcare professional said, "The staff always appear kind and caring. I have never seen anything that would give me cause for concern."

A service user guide was given to each person when they arrived and it had been updated since the last inspection.

Staff made sure people's private information was kept confidential. Computers were password protected so they could only be accessed by authorised staff, and care records were locked away when not being used by staff.

Good

Is the service responsive?

Our findings

People told us there were various activities and they could choose to take part if they wished, "I join in with the activities and I like to go out in the garden"; "There were creepy crawly animals here yesterday" (an external entertainment provider); "I join in with the activities and I have a paper delivered every day"; "I have my own broadband which keeps me in touch with my relatives who live abroad. I spend my time on my computer, doing word searches and I like bingo. The activities leader comes up to chat with me in my bedroom sometimes"; "It was great to see the ladies up dancing with the carers (staff) the other day to the two lads playing the music."

A range of activities, including entertainment from external providers was planned by an activities coordinator to suit the needs and interests of people living in the service. An activities schedule was produced each month showing the activities available on each day throughout the month. Each person received their own copy as well as it being displayed on the wall. An album of photographs showed people enjoying the various events that had been organised over recent months. These included, an afternoon tea; a modelling session; the royal wedding; gifts pop up shop; fruit skewer making. Each person had a care plan describing their interests and hobbies and the activities they liked to join in with. Some people did not want to join group activities and instead preferred to stay in their room and read or watch TV and this was recorded and respected.

The registered manager had a range of care plans in place to describe people's assessed care and support needs. Care plans took a holistic approach to people's care, providing staff with information individual to each person. Person centred care plans recorded the assistance people needed with all elements of their personal care throughout the day including, communication needs; eating and drinking and mobilising. A relative said, "Personal care is all done in bed, they do her hair and nails and keep her looking lovely." Care plans also looked at peoples religious and cultural needs; their interests; and their likes and dislikes. A record entitled 'My life before you knew me' showed people's personal history including their early life, their working life and who was important to them. One person's document recorded important personal information such as; how they had been evacuated during the war, how they met their husband and their feelings about their retirement. Another person's record showed they had a dairy intolerance. They avoided dairy products as it upset their stomach. Staff were guided to always offer soya milk and other non-dairy products. We found soya milk available in the fridge and a diet sheet for kitchen staff.

Where people had specific medical conditions, NHS information sheets were available for the reference of staff about each condition. We saw information sheets including, cardiomyopathy; asthma; atrial fibrillation; high blood pressure; osteoporosis. A detailed and personal care plan was in place for each medical condition people had, providing guidance how to support them to maintain their health and what to do if their condition worsened.

People's religious and cultural needs were considered through care planning. The people living in the service at the time of inspection were known to be either a Christian or did not practice a faith. One person told us, "I miss going out to church but we do get invited to special services" and another person said, "I go

to church every Sunday, friends come and collect me and take me." The registered manager told us they checked people's cultural needs during assessment and whatever people's needs were they would gather the information they needed and accommodate their support needs.

The registered manager was aware of the Accessible Information Standards and the need to make sure people's documentation was in a format they were able to understand. They told us they checked people's needs during the assessment and took advice where necessary to ensure people could understand the documents in relation to their care. The registered manager had introduced a small pocket sized booklet called, 'This is me'. They were in the final stages of completion and included snapshots of person centred information about the person. The booklets were being introduced to people's bedrooms so they were available for staff as a quick reminder about the person, what was important to them and their likes, dislikes and preferences.

Care plans continued to be reviewed each month confirming the continued effectiveness of the plan or if changes were required. Changes in circumstances and need in between reviews were recorded by staff and updated by the registered manager

People were encouraged and supported to discuss their wishes for the end of their life. One person told us, "I've spoken to the manager about end of life care and my final wishes." One relative said, "End of life care planning with the manager was very sensitive and discreet" and another told us, "We have an appointment this week to discuss end of life care with the manager." Many people had a family member who they wished to take care of the arrangements. Some people had been quite specific about their wishes. One person said they wished to stay mobile for as long as possible and not be confined to their bed. The person had an illness that meant they were receiving end of life care and we saw they were up out of bed and sitting in the lounge as requested.

People told us they knew who to speak to if they had a complaint although they had not needed to complain, "No need to make a complaint"; "I haven't got any complaints but if I did I'd talk to the manager"; "If I needed to I would be happy to make a complaint to the manager." The complaints procedure was clearly available on the wall in the reception area for people and their relatives to access. Although no formal complaints had been made, the registered manager had recorded informal complaints that they had responded to. They told us they were in the process of expanding this to ensure all small 'niggles' and verbal complaints would be captured. These would be used to increase staff learning how to improve the service by listening to people. They showed us the paperwork they had already developed to take this forward.

Good

Is the service well-led?

Our findings

The people we spoke with told us they knew who the registered manager was and found them to be approachable, "I know the manager and if I need anything I just phone her from my bedroom"; "The manager is very approachable and she's lovely"; "I chat to the manager, she comes round regularly". People's relatives were positive about the registered manager and the deputy manager and their approachability, "The manager is very approachable"; "They seem to be listening"; "I chat with the deputy manager, she is easy to talk to."

The provider and registered manager had a comprehensive range of audits in place to monitor the quality and safety of the service provided. The areas checked included, care plans; medicines; infection control; accidents and incidents; complaints; nutrition; catering; maintenance including fire records; cleaning. All audits were up to date and findings were recorded in detail. Action plans were developed where areas for improvement were found, identifying who was responsible for taking action and the date the action was to be completed by. Once the improvement had been made and action taken, the registered manager checked and signed to say it had been completed and when.

In addition the registered manager completed a weekly walk around the building looking at the external and internal areas. They selected six bedrooms checking the response to call bells, bed rails, if the room was free from hazards, clean bedding and that the room reflected the person with their personal belongings.

At the last inspection, on 10 July 2017, we made a recommendation to the provider that the visits they made were recorded appropriately to provide better evidence of their oversight of all aspects of service delivery. At this inspection, we found that the provider had introduced a formal governance meeting once a month where they met with the registered manager and deputy manager. The agenda included what had gone well, for example the introduction of champions roles and training for staff and how this had progressed. Areas for improvement were highlighted, using the quality audits as a tool for discussion. The registered manager reported to the provider their findings from audits and the actions taken. A review of complaints and accidents and incident was undertaken, updating the provider and discussing the lessons to be learnt. Where approval was required by the provider to complete an action, this was sought and discussed. For example, the need for extra night staff, the funding for the redecoration of the communal lounge or the funding for new lounge furniture. Governance meetings were recorded and action required was documented.

The staff structure within the service supported the quality of care people received. The registered manager had worked at the service for many years and was supported by a deputy manager who had also been employed by the provider for some years, so providing continuity. Senior care workers held responsibility for each shift and were the first point of contact for staff.

The registered manager maintained local partnerships kept up to date with local and national guidance. A healthcare professional told us, "I think the service is well run, it always seems to be managed well." The registered manager told us they received good support from the provider who visited two to three times a

week. The provider had arranged for an independent consultant to provide ongoing support and one to one supervision to the registered manager. The registered manager told us they found this to be valuable, giving them an objective and external viewpoint which meant they were able to fulfil their role.

Staff told us they enjoyed working at the service and this showed in the length of service for many staff. Staff worked well together to create a happy ambience for people living in the service. The staff we spoke with told us they thought the service was well run and a rewarding place to work. The comments we received from staff included, "Both managers are very approachable, we can always go to them. They even say to call them at home if we need to"; "The manager is very supportive and approachable. I think we have improved a lot since the last inspection"; "I think the service is well managed and runs smoothly. The managers are very approachable."

Regular staff meetings were held where open discussions were encouraged and the registered manager updated staff about the service and other relevant information. The registered manager also used staff meetings as an opportunity for staff to reflect on their practice, what had gone well and which areas required improvement and development. The notes of the meetings were well recorded and available to staff.

The registered manager held meetings with people and their relatives to gain their views of the service provided and to provide updates of any changes or news to share. One person confirmed this, "Occasionally have residents meetings, they are quite open to suggestions." The last meeting was held in June 2018 and included discussions around the planned introduction of 'resident of the day' and keyworking as well as activities planned and requested. A relative had raised a request to have a staff photograph board in the reception area so people and visitors could identify staff. The registered manager told us they had agreed to introduce this and had been looking for a suitable notice board large enough to accommodate their needs.

People and their relatives were asked their views of the service they received by way of questionnaires. The most recent had been completed in April 2018 and was designed for people and their relatives to complete together. The provider had sent 17 questionnaires out and 10 had been returned completed. We could see the scores given by people were either 10 for 'excellent' or nine for 'good'. Comments made were all positive. The registered manager completed an analysis of the results in order to identify if any improvements needed to be made to the service. The findings were shared with the provider as part of the monthly governance meeting.

A nutritional survey was undertaken with people in April 2018. People were asked to confirm their likes and dislikes, what was their favourite and least favourite foods on offer. The results were used by the registered manager to plan the menus with the cook.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their inspection report and ratings in the reception area and their ratings were displayed on their website.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries and deaths without delay. Notifications had been received by CQC about important events that had occurred since the last inspection.